

ARTICLE 15. BEHAVIORAL HEALTH ADULT THERAPEUTIC HOME

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ARTICLE 15. BEHAVIORAL HEALTH ADULT THERAPEUTIC HOME**R9-20-1501. Definitions**

In addition to the definitions in A.R.S. § 36-401(A), the following definitions apply in this article:

1. "Abuse" means:
 - a. The intentional infliction of physical harm or allowing another individual to inflict physical harm on a **client**;
 - b. Causing injury by negligent acts or omissions;
 - c. Repeated or severe:
 - i. Ridicule,
 - ii. Demeaning or derogatory remarks,
 - iii. Verbal harassment, or
 - iv. Threats to inflict physical harm.
2. "Admission" means the written acceptance by a **behavioral health adult therapeutic home** to provide **behavioral health adult therapeutic home care services** to an individual.
3. "Adult" means an individual 18 years of age or older.
4. "Ancillary services" means items or activities that are not **behavioral health services** but are necessary to ensure a **client's** health, safety, and welfare, such as food, housing, laundry, or transportation.
5. "Animal" means a nonhuman mammal, bird, reptile, amphibian, or fish.
6. "Anniversary date" means the **day** 12 months after an individual's most recent tuberculosis screening test or written statement that the individual is free from infectious pulmonary tuberculosis.
7. "Assessment" means the collection and analysis of an individual's information to determine the individual's **treatment** needs and need for **behavioral health adult therapeutic home care services**.
8. "Assistance in the self-administration of medication" means aid provided to a **client** in:
 - a. Storing the **client's medication**;
 - b. Reminding the **client** to take a **medication**;
 - c. Verifying that the **medication** is taken as directed by the **client's medical practitioner** by
 - i. Confirming that a **medication** is being taken by the **client** for whom it is prescribed,

- ii. Checking the dosage against the label on the container, and
 - iii. Confirming that the **client** is taking the **medication** as directed;
 - d. Opening a **medication** container; or
 - e. Observing the **client** while the **client** removes the **medication** from the container or takes the **medication**.
- 9. "Authenticate" means to establish authorship of a document or an entry in a **client record** by:
 - a. A written signature;
 - b. An individual's initials, if the individual's written signature already appears on the document or in the medical record;
 - c. A rubber-stamp signature; or
 - d. An electronic signature code.
- 10. "Automatic sprinkler system" means an integrated system of water piping and sprinkler heads installed in a home for fire protection purposes that is activated automatically by heat from a fire.
- 11. "Available" means:
 - a. For an individual, the ability to be contacted by any means possible such as by telephone or pager;
 - b. For equipment and supplies, retrievable at a **behavioral health adult therapeutic home**; and
 - c. For a document, retrievable at a **behavioral health adult therapeutic home** or accessible according to the time frames in the applicable rules in this Article.
- 12. "Behavioral health adult therapeutic home" means a **behavioral health service agency** that is the **licensee's** residence where:
 - a. **Behavioral health adult therapeutic home care services** are provided to at least one, but no more than three, individuals, who:
 - i. Are eighteen years of age or older; and
 - ii. Have been diagnosed with a **behavioral health issue**; and
 - b. The individuals are provided a residence and food and are integrated into the **licensee's** family.
- 13. "Behavioral health adult therapeutic home care services" means interactions, as indicated by the **client's treatment plan**, between a **licensee** and a **client** to teach the **client** living, social, and communication skills in order to maximize the **client's** ability to live and

participate in the community and to function independently, including **assistance in the self-administration of medication** and any **ancillary services** indicated by the **client's treatment plan**.

14. "Behavioral health issue" means an individual's condition related to a **mental disorder, personality disorder, substance abuse**, or a significant psychological or behavioral response to an identifiable stressor or stressors.
15. "Behavioral health medical practitioner" means an individual licensed and authorized by law to use and prescribe **medication** and devices defined in A.R.S. § 32-1901, and who is one of the following with at least one year of **full-time behavioral health work experience**:
 - a. A **physician**,
 - b. A **physician assistant**, or
 - c. A **nurse practitioner**.
16. "Behavioral health professional" means an individual who is a:
 - a. Psychiatrist,
 - b. Behavioral health medical practitioner,
 - c. Psychologist,
 - d. **Social worker**,
 - e. **Counselor**,
 - f. Marriage and family therapist,
 - g. **Substance abuse counselor**, or
 - h. **Registered nurse** with at least one year of **full-time behavioral health work experience**.
17. "Behavioral health service" means the **assessment, diagnosis, or treatment** of an individual's **behavioral health issue**.
18. "Behavioral health service agency" means a class of health care institution that provides **behavioral health services** or **behavioral health adult therapeutic home care services** to a **client**.
19. "Behavioral health technician" means an individual who:
 - a. Has a master's degree or bachelor's degree in a **field related to behavioral health**;
 - b. Is a **registered nurse**;
 - c. Is a **physician assistant** who is not working as a **medical practitioner**;

- d. Has a bachelor's degree and at least one year of **full-time behavioral health work experience**;
 - e. Has an associate's degree and at least two years of **full-time behavioral health work experience**;
 - f. Has a high school diploma or **high school equivalency diploma** and:
 - i. 18 credit hours of post-high school education in a **field related to behavioral health** completed no more than four years before the date the individual begins providing **behavioral health services** and two years of **full-time behavioral health work experience**; or
 - ii. Four years of **full-time behavioral health work experience**; or
 - g. Is licensed as a practical nurse, according to A.R.S. Title 32, Chapter 15, with at least two years of **full-time behavioral health work experience**.
20. "Behavioral health work experience" means providing **behavioral health services**:
- a. In a **behavioral health service agency**,
 - b. To an individual, or
 - c. In a **field related to behavioral health**.
21. "Client" means an individual who is accepted by a **behavioral health adult therapeutic home** for the provision of **behavioral health adult therapeutic home care services**.
22. "Client designee" means:
- a. An individual identified in writing by a **client** or the **client's** guardian to assist the **client**;
 - b. An agent as defined in A.R.S. § 36-3201;
 - c. An agent designated according to A.R.S. Title 36, Chapter 32, Article 6;
 - d. A guardian for an incapacitated person appointed according to A.R.S. Title 14, Chapter 5, Article 3; or
 - e. A guardian or agent appointed according to the laws of another state or jurisdiction.
23. "Client record" means the collected **documentation** related to a patient's **medical condition** or **behavioral health issue** that is maintained for the purposes of providing **behavioral health adult therapeutic home care services** to the **client**.
24. "Clinical guidance" means direction, as defined in A.R.S. § 36-401, for providing **behavioral health adult therapeutic home care services** furnished to an individual providing **behavioral health adult therapeutic home care services** by:

- a. A **treatment team**, or
 - b. A **behavioral health professional** or a **behavioral health technician** designated by the **treatment team**.
25. "Communicable disease" has the same meaning as in A.A.C. R9-6-101.
26. "Complaint" means a **client's** documented expression of dissatisfaction to the Department or another entity regarding:
- a. An act or omission by the **licensee** or an individual who assumes the **licensee's** duties, or
 - b. A condition at the **licensee's behavioral health adult therapeutic home**.
27. "Conspicuously posted" means displayed in a facility at a location that is accessible and visible to a **client** and the public.
28. "Contraindicated" has the same meaning as in A.R.S. § 36-501.
29. "Co-occurring disorder" means a combination of a **mental disorder** or a **personality disorder** and one or more of the following:
- a. **Substance abuse**, or
 - b. A developmental disability.
30. "Counselor" means an individual who is licensed as a licensed professional counselor or a licensed associate counselor according to A.R.S. Title 32, Chapter 33, Article 6.
31. "CPR" means cardiopulmonary resuscitation.
32. "Crisis" means a change in the **client's behavioral health issue** or **medical condition** that results in a threat to the **client's** health, safety, or welfare.
33. "Crisis plan" means a document that provides direction to the **licensee** for responding to a **client's crisis**.
34. "Current" means up-to-date, extending to the present time.
35. "Danger to others" has the same meaning as in A.R.S. § 36-501.
36. "Danger to self" has the same meaning as in A.R.S. § 36-501.
37. "Day" means calendar day.
38. "Deck" has the same meaning as in A.A.C. R18-5-201.
39. "Diagnosis" means a determination and labeling of a **client's behavioral health issue** according to the:
- a. American Psychiatric Association, **DSM-IV**: Diagnostic and Statistical Manual of Mental Disorders (4th ed. 1994), incorporated by reference and on file with the Department and including no future editions or amendments, available from

- American Psychiatric Press, Inc., Order Department, 1400 K Street, N.W., Suite 1101, Washington, DC 20005; or
- b. National Center for Health Statistics, U.S. Department of Health and Human Services, ICD-9-CM: International Classification of Diseases, 9th Revision, Clinical Modification (5th ed. 2000), incorporated by reference and on file with the Department and including no future editions or amendments, available from Practice Management Information Corporation, 4727 Wilshire Boulevard, Suite 300, Los Angeles, CA 90010 and from the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.
40. "Disaster" means an unexpected adverse occurrence that affects a **behavioral health adult therapeutic home's** ability to provide **behavioral health adult therapeutic home care services**.
41. "Discharge" means a **behavioral health adult therapeutic home's** written termination of **behavioral health adult therapeutic home care services** to a **client**.
42. "Discharge plan" means written information relevant to a patient's **behavioral health issue** provided by a **behavioral health adult therapeutic home** at the time of **discharge**.
43. "Discharge summary" means an analysis of the **behavioral health adult therapeutic home care services** provided to a **client** and the **client's** progress in **treatment**.
44. "Disclose" means to release, transfer, provide access to, or divulge information in any other manner.
45. "Disclosure" means the release, transfer, provision of access to, or divulging of information in any other manner by the **person** holding the information.
46. "Documentation" means written or electronic supportive evidence.
47. "Drug used as a restraint" means pharmacological restriction that is not standard **treatment** for a **client's medical condition** or **behavioral health issue** and is administered:
- a. To manage a **client's** behavior in a way that reduces the safety risk to the **client** or others, and
- b. To temporarily restrict the **client's** freedom of movement.
48. "DSM-IV" means DSM-IV: Diagnostic and Statistical Manual of Mental Disorders (4th ed. 1994), incorporated by reference in subsection (39)(a).
49. "Emergency" means an **immediate** threat to the life or health of a **client**.
50. "Experience" means active participation in events or activities leading to the

- accumulation of knowledge or skill.
51. "Exploitation" means the illegal use of a **client**'s resources for another individual's profit or advantage according to A.R.S. Title 46, Chapter 4 or Title 13, Chapter 18, 19, 20, or 21.
52. "Facilities" has the same meaning as in A.R.S. §36-401.
53. "Family member" means a **client**'s parent, step-parent, foster parent, spouse, sibling, child, grandparent, grandchild, aunt, uncle, niece, nephew, or significant other.
54. "Field related to behavioral health" means an academic discipline or area of study that explores human development, responses, or interactions, such as psychology or sociology.
55. "Furnishings" means movable objects in the **behavioral health adult therapeutic home**, such as the furniture and appliances.
56. "Full time" means 40 hours a week or more.
57. "General consent" means an individual's agreement to:
- a. Live in the **behavioral health adult therapeutic home**, and
 - b. Receive **behavioral health adult therapeutic home care services**.
58. "Grievance" means a **client**'s documented expression of dissatisfaction to the **licensee** regarding:
- a. An act or omission by the **licensee** or an individual who assumes the **licensee's** duties, or
 - b. A condition at the **licensee's behavioral health adult therapeutic home**.
59. "Hazard" means a condition or situation from which a **client** may suffer physical injury or illness.
60. "Health professional" has the same meaning as in A.R.S. §32-3201.
61. "High school equivalency diploma" means:
- a. The document issued by the Arizona Department of Education under A.R.S. § 15-702 to an individual who passes a general educational development test or meets the requirements of A.R.S. § 15-702(B);
 - b. The document issued by another state to an individual who passes a general educational development test or meets the requirements of a state statute equivalent to A.R.S. § 15-702(B); or
 - c. The document issued by another country to an individual who has completed that country's equivalent to a 12th grade education, as determined by the Department.

- 62. "Home directives" means a **behavioral health adult therapeutic home's** guidelines and standards that govern a **client's** use and occupancy of a **behavioral health adult therapeutic home**.
- 63. "Household member" means an individual who lives in the **behavioral health adult therapeutic home** and is not a **licensee** or a **client**.
- 64. "Human rights advocate" means a **person** appointed by the Department to advocate on behalf of a **client** and assist the **client** in understanding, exercising, and protecting the **client's** rights.
- 65. "Identifier code" means a letter or number used by the **licensee** to identify an individual.
- 66. "Immediate" means without delay.
- 67. "Incident" means an occurrence or event that has the potential to cause harm or has caused harm to a **client**.
- 68. "Informed consent" has the same meaning as in A.R.S. § 36-501.
- 69. "Labor" means work that is normally performed for pay, either in the **behavioral health adult therapeutic home** or elsewhere.
- 70. "License" has the same meaning as in A.R.S. § 41-1001.
- 71. "Licensed capacity" has the same meaning as in A.R.S. § 36-401.
- 72. "Licensee" means an individual authorized by the Department to operate a **behavioral health adult therapeutic home**.
- 73. "Mechanical restraint" means any device, article, or garment attached or adjacent to a **client's** body that the **client** cannot easily remove and that restricts the **client's** freedom of movement or normal access to the **client's** body but does not include a device, article, or garment:
 - a. Used for surgical or orthopedic purposes, or
 - b. Necessary to allow a **client** to heal from a **medical condition** or to obtain medical care for a **medical condition**.
- 74. "Medical condition" means the state of a **client's** physical health, including the client's illness, injury, or disease.
- 75. "Medical emergency" means a situation that requires **immediate** medical intervention to prevent death, hospitalization, or serious physical harm.
- 76. "Medical practitioner" means a:
 - a. **Physician**,
 - b. **Physician assistant**, or

c. **Nurse practitioner.**

77. "Medication" means a prescription medication as defined in A.R.S. § 32-1901 or nonprescription drug, as defined in A.R.S. § 32-1901.
78. "Medication error" means a **client** takes the wrong dose of a **medication**, misses a dose of a **medication**, or takes the wrong **medication**.
79. "Medication organizer" means a container divided according to date or time increments and designated to hold **medication**.
80. "Medication regimen" means the **medication** that the **client** is taking to treat the **client's behavioral health issue** and the **medication** that the **client** is taking to treat a condition other than a **behavioral health issue**, if applicable.
81. "Mental disorder" has the same meaning as in:
- a. A.R.S. § 36-501; or
 - b. For an individual receiving **treatment** as a sexually violent person according to A.R.S. Title 36, Chapter 37.
82. "Nationally recognized" means a curriculum that:
- a. Has a sole focus of training individuals in how to respond to **out-of-control behavior**; and
 - b. Is provided in more than one U.S. state.
83. "Neglect" means a pattern of conduct resulting in deprivation of food, water, **medication**, **treatment**, medical services, shelter, cooling, heating, or **ancillary services** necessary to maintain minimum physical or behavioral health.
84. "NFPA" means National Fire Protection Association.
85. "Nurse" means an individual licensed as a **registered nurse** or a practical nurse according to A.R.S. Title 32, Chapter 15.
86. "Nurse practitioner" means an individual certified as a nurse practitioner according to A.R.S. Title 32, Chapter 15.
87. "OBHL" means the Department's Office of Behavioral Health Licensing.
88. "Order" means an instruction to provide a **behavioral health service** or a medical service to a **client**.
89. "Orientation" means familiarizing an individual with a new setting or situation.
90. "Out-of-control behavior" means actions by a **client** that are not expected by the **licensee** and may cause **immediate** physical harm to a **client**, the **licensee**, or another individual in the **behavioral health adult therapeutic home**.

- 91. "Person" has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
- 92. "Personal funds account" means **client** monies that are held and managed by a **licensee**.
- 93. "Personal restraint" means the application of physical force, without the use of any device, for the purpose of restricting the free movement of a **client**'s body.
- 94. "Personality disorder" means an enduring, pervasive, and lifelong pattern of behavior that deviates from the expectations of an individual's culture; leads to an individual's functional impairment and distress; and has been diagnosed by a behavioral health professional.
- 95. "Pharmacist" means an individual licensed according to A.R.S. Title 32, Chapter 18.
- 96. "Physical examination" means the collection of data on an individual's medical history and **current** physical health and the analysis of the data by a **medical practitioner**.
- 97. "Physician" means an individual licensed according to A.R.S. Title 32, Chapter 13 or 17.
- 98. "Physician assistant" means an individual licensed according to A.R.S. Title 32, Chapter 25.
- 99. "Premises" means property that is licensed by the Department where **behavioral health adult therapeutic home care services** are provided.
- 100. "Professionally recognized treatment" means a **behavioral health service** that is:
 - a. Supported by **research** results published in a nationally recognized journal, such as the Journal of the American Psychiatric Association, the Journal of the American Medical Association, or the Journal of Psychiatric Rehabilitation; or
 - b. A generally accepted practice as determined by a Department approved psychiatrist or psychologist.
- 101. "Program description" means a written statement of the **behavioral health adult therapeutic home care services** to be provided by the **licensee** and of the types of **clients** to whom the services will be provided.
- 102. "Progress note" means **documentation** in the **client record** of the **client's** condition or achievements in **treatment**.
- 103. "Recreational activity" means work that the **client** performs voluntarily without the expectation of pay and that would not otherwise be performed at the **behavioral health adult therapeutic home**.
- 104. "Referral" means assistance or direction provided to an individual to enable the individual to obtain information, **behavioral health services**, medical services, or **ancillary services**.

- 105. "Refuse" means the same as in A.A.C. R18-13-302.
- 106. "Regional behavioral health authority" means an organization under contract with the Department to coordinate the delivery of mental health services in a geographically specific service area of the state for eligible persons.
- 107. "Registered nurse" means an individual licensed as a graduate nurse, professional nurse, or registered nurse according to A.R.S. Title 32, Chapter 15.
- 108. "Regular provider" means a **person** who customarily cares for the **client**, not including a **relief person**.
- 109. "Relief person" means an individual who does not live in the **behavioral health adult therapeutic home** that assumes the duties of the **licensee** to provide a break to the **licensee** for not more than thirty consecutive **days**.
- 110. "Representative payee" means a **person** authorized by the Social Security Administration to receive and manage the money a **client** receives from the Social Security Administration.
- 111. "Research" means the systematic study of a field of knowledge.
- 112. "Route of administration" means the method by which a **medication** enters the **client's** body, such as orally, by injection, or topically.
- 113. "Seclusion" means the involuntary confinement of a **client** in a room or an area from which the **client** cannot leave, but does not include the confinement of a **client** in a correctional facility.
- 114. "Seriously mentally ill" means persons, who as a result of a **mental disorder** as defined in A.R.S. § 36-501 exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive **treatment** or services of a long-term or indefinite duration. In these persons, mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment, and recreation.
- 115. "Significant change in condition" means a deterioration or improvement in a **client's** physical or behavioral health that requires a modification to the **client's treatment plan**.
- 116. "Social worker" means an individual who is licensed as a licensed baccalaureate social worker, a licensed master social worker, or a licensed clinical social worker according to A.R.S. Title 32, Chapter 33, Article 5.
- 117. "Spa" means the same as in A.A.C. R18-5-201.

118. "Substance abuse" means the misuse of alcohol or another chemical or drug that:
- Alters an individual's behavior or mental functioning;
 - May cause psychological or physiological dependence; and
 - Impairs, reduces, or destroys the individual's social or economic functioning.
119. "Substance abuse counselor" means an individual licensed as a licensed associate substance abuse counselor or a licensed independent substance abuse counselor according to A.R.S. Title 32, Chapter 33, Article 8.
120. "Swimming pool" means the same as in A.A.C. R18-5-201.
121. "Therapeutic diet" means one of the following ordered for an individual by a **medical practitioner**:
- Food, or
 - The manner in which food is to be prepared.
122. "Time out" means providing a **client** an opportunity to regain self-control in a designated area from which the **client** is not physically prevented from leaving.
123. "Transfer" means moving a **client** from a **behavioral health adult therapeutic home** to another **behavioral health service agency** that assumes responsibility for the **client**.
124. "Treatment" means:
- A **professionally recognized treatment** that is provided to a **client** or the **client's** family to improve, eliminate, or manage the **client's behavioral health issue**; or
 - For court-ordered alcohol treatment, the same as in A.R.S. § 36-2021.
125. "Treatment goal" means the desired outcome after **treatment** or **behavioral health adult therapeutic home care services** are provided to a **client**.
126. "Treatment method" means the specific approach used to achieve a **treatment goal**.
127. "Treatment plan" means a description of the services that the **behavioral health adult therapeutic home** will provide to a **client**.
128. "Treatment team" means a group of individuals, working in collaboration, who direct the **assessment** and **treatment** of a **client's behavioral health issue** and who direct a **licensee** in the provision of **behavioral health adult therapeutic home care services** to a **client**.
129. "Visitor" means an individual who does not live in the **behavioral health adult therapeutic home** and is at the **behavioral health adult therapeutic home**.
130. "Working day" means Monday, Tuesday, Wednesday, Thursday, or Friday, excluding

state and federal holidays.

R9-20-1502. Qualifications for Licensure

- A.** An applicant for a **behavioral health adult therapeutic home license** shall:
1. Be at least 21 years old;
 2. Have the skills and knowledge necessary to meet the needs of a **client** living at the **behavioral health adult therapeutic home**, including skills and knowledge in:-
 - a. Protecting **client** rights;
 - b. Providing **behavioral health adult therapeutic home care services** to a **client** in a **behavioral health adult therapeutic home**;
 - c. Protecting and maintaining the confidentiality of **client records** and information;
 - d. Recognizing and respecting cultural differences;
 - e. Recognizing, preventing, or responding to a situation in which a **client**:
 - i. May be a **danger to self** or a **danger to others**;
 - ii. May be experiencing a **crisis**; or
 - iii. May be experiencing a **medical emergency**;
 - f. Reading and implementing a **client's treatment plan**;
 - g. Recognizing and responding to a fire, **disaster, hazard, or medical emergency**; and
 - h. If the applicant is not a **medical practitioner** or a **nurse, assistance in the self-administration of medication**, according to R9-20-1517(B)(2);
 3. Have **current** first-aid and **CPR** training specific to **adults** that included a demonstration of the individual's ability to perform **CPR**; and
 4. Complete a **nationally recognized** training in how to respond to **out-of-control behavior** according to R9-20-1516(A).

R9-20-1503. License Application

- A.** An individual shall submit a **license** application to the Department that contains:
1. The name of the **behavioral health adult therapeutic home**;
 2. The **behavioral health adult therapeutic home's** street address, mailing address, telephone number and fax number;
 3. The name of the individual applying for a **license**;
 4. Whether the individual applying for a **license** **currently** holds or has previously held a health care institution **license** in any state or jurisdiction, and if so, provide on an attached sheet:

- a. The health care institution's name,
 - b. The **license** number, and
 - c. The date the **license** was in effect;
5. Whether the individual applying for a **license** has had a health care institution **license** suspended, denied, or revoked in any state or jurisdiction;
 6. Whether the individual applying for a **license** has had civil penalties assessed against a health care institution operated in any state by the individual applying for a **license**;
 7. Whether the individual applying for a **license** has had a professional or occupational **license**, other than a driver **license**, denied, revoked, or suspended in any state or jurisdiction;
 8. Whether the individual applying for a **license** has been convicted, in any state or jurisdiction, of any felony or misdemeanor involving moral turpitude, including conviction for any crime involving **abuse**, **neglect**, or **exploitation** of another;
 9. If the individual applying for a **license** answered yes to any of the questions in subsections (A)(5) through (A)(8), the details of each civil penalty; each denial, suspension, or revocation; or each conviction on an attached sheet, including:
 - a. The type of action,
 - b. The date of the action, and
 - c. The name of the court or entity having jurisdiction over the action;
 10. The requested **licensed capacity** for the **behavioral health adult therapeutic home**, including the number of beds requested for **clients**; and
 11. The number of toilets, sinks, showers, and bathtubs at the **behavioral health adult therapeutic home**.
- B.** An individual shall attach to the application in subsection (A):
1. Proof of age, such as a copy of a valid driver **license** or other government- issued identification document;
 2. **Documentation** of the qualifications listed in R9-20-1502(2) that includes:
 - a. The signature and professional credential or job title of an individual who had the interaction in subsection (B)(2)(b)(i) or made the observation in subsection (B)(2)(b)(ii) and who is:
 - i. A behavioral health professional, or
 - ii. A **behavioral health technician** with a combination of at least six years of education in a **field related to behavioral health** and **full-time**

behavioral health work experience;

- b. A description, including the date, of:
 - i. A verbal interaction with the individual seeking a **behavioral health adult therapeutic home license**, or
 - ii. A visual observation of the individual seeking a **behavioral health adult therapeutic home license**, and
 - c. An explanation of:
 - i. The skills and knowledge possessed by the individual seeking a **behavioral health adult therapeutic home license**; and
 - ii. How the **behavioral health professional** or **behavioral health technician** reached the conclusion that the individual applying for the **behavioral health adult therapeutic home license** possesses the skills and knowledge; or
 - 3. A copy of a written examination on the topics listed in R9-20-1502(2);
 - 4. **Documentation** of **current** first-aid and **CPR** certification as required in R9-20-1502(3);
 - 5. **Documentation** the **licensee's** completion of a **nationally recognized** training in how to respond to **out-of-control behavior** as required by R9-20-1516(A)(2);
 - 6. A **program description** completed according to R9-20-1507(B);
 - 7. A description of when the individual will be **available** during the **day** and night to provide **behavioral health adult therapeutic home care services** to a **client**; and
 - 8. The fees required in 9 A.A.C. 10, Article 1.
- C. The Department shall approve or deny an application in this Section according to R9-20-105, R9-20-107 and R9-20-108.

R9-20-1504. License Renewal

- A. To renew a **license**, a **licensee** shall submit the following information to the Department at least 60 **days** but not more than 120 **days** before the expiration date of the **current license**:
- 1. An application packet that includes the items in:
 - a. R9-20-1503(A)(1) through (A)(10);
 - b. R9-20-1503(B)(1) through (B)(7); and
 - c. If a structural modification has been made to the building, R9-20-103(A)(11); and
 - 2. The fees required in 9 A.A.C. 10, Article 1.
- B. The Department shall approve or deny a **license** renewal according to R9-20-105 and R9-20-108.

R9-20-1505. Enforcement Action

If the Department determines that an applicant for a **license** or a **licensee** is not in substantial compliance with the applicable statutes and this Chapter, the Department may take enforcement actions according to R9-20-107.

R9-20-1506. Changes Affecting a License

A. A **licensee** shall notify the Department, in writing, of the following:

1. A change in the name of the **licensee** or the name of the **behavioral health adult therapeutic home** no later than 30 **days** before the effective date of the change;
2. A termination of operation no later than 30 **days** before the termination; and
3. The location and arrangements for the maintenance of **client records** no later than 30 **days** before the **behavioral health adult therapeutic home** ceases operation.

B. An individual shall submit an application for an initial **license** as required in R9-20-1503 for a change in a **behavioral health adult therapeutic home's**:

1. **Licensee**,
2. Address or location, or
3. Subclass.

C. A **licensee** shall submit a request for approval of a change affecting a **license** to the Department at least 30 **days** before the date of an intended:

1. Change in a **behavioral health adult therapeutic home's** authorized services,
2. Change in a **behavioral health adult therapeutic home's** **licensed capacity**, or
3. Expansion of a **behavioral health adult therapeutic home's** **premises**.

D. A request for approval of a change affecting a **license** shall include:

1. The name of the **licensee**;
2. The name of the **behavioral health adult therapeutic home**;
3. The **behavioral health adult therapeutic home's** street address, mailing address, and telephone number;
4. The **behavioral health adult therapeutic home's** **license** number;
5. The type of change intended;
6. A narrative description of the intended change;
7. A **program description** completed according to R9-20-1507(B), including the intended change;
8. For a change in authorized services, a list of the services that the **licensee** intends to add and delete;

9. For a change in **licensed capacity**, a floor plan showing the following for each story of a facility:
 - a. Room layout;
 - b. Room usage;
 - c. The dimensions of each bedroom;
 - d. The number of beds to be placed in each bedroom;
 - e. The location of each window;
 - f. The location of each exit;
 - g. The location of each sink, toilet, and shower or bathtub to be used by **clients**; and
 - h. The location of each fire extinguisher and fire protection device; and
10. For an expansion of a **behavioral health adult therapeutic home's premises**, a floor plan completed according to subsection (D)(9) and a site plan showing the locations of the following on the expanded **premises**:
 - a. Buildings or other structures,
 - b. Property lines,
 - c. Streets,
 - d. Walkways,
 - e. Parking areas,
 - f. Fencing,
 - g. Gates, and
 - h. If applicable, **swimming pools**.
- E. The Department shall approve or deny a request for a change affecting a **license** in this Section according to R9-20-105.
- F. A **licensee** shall not implement a change described in this Section until an amended **license** or a new **license** is issued by the Department.

R9-20-1507. Administration

- A. A **licensee** shall:
 1. Have the authority and responsibility to operate the **behavioral health adult therapeutic home** according to the requirements of this Article;
 2. Ensure that the Department is allowed **immediate** access to:
 - a. The **behavioral health adult therapeutic home**, and
 - b. A **client** living in the **behavioral health adult therapeutic home**;
 3. Obtain a:

- a. Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention no more than six months before providing **behavioral health adult therapeutic home care services**; or
 - b. Written statement that the **licensee** is free from infectious pulmonary tuberculosis that is signed and dated by a **physician, physician assistant, or nurse practitioner** no more than six months before providing **behavioral health adult therapeutic home care services**;
4. Before or within 30 **days** after the **licensee's anniversary date** obtain a:
- a. Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention; or
 - b. Written statement that the **licensee** is free from infectious pulmonary tuberculosis that is signed and dated by a **physician, physician assistant, or nurse practitioner**;
5. Establish a record for each **licensee**, including:
- a. **Documentation** of training and **experience** according to R9-20-1503(B);
 - b. **Documentation** of a negative tuberculosis screening test or a written statement that the **licensee** is free from infectious pulmonary tuberculosis, according to subsections (A)(3) and (A)(4);
 - c. Evidence of **current** first-aid and **CPR** certification; and
 - d. **Documentation** of ongoing training according to R9-20-1508;
6. If a **household member** assumes the **licensee's** duties, ensure that the **household member**:
- a. Has the qualifications listed in R9-20-1502;
 - b. Completes the initial and ongoing training in R9-20-1508;
 - c. Obtains **clinical guidance** according to R9-20-1510(5) & R9-20-1510(6);
 - d. On or before date the **household member** assumes the **licensee's** duties, submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - i. **Documentation** of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention, administered within six months before the date the **household member** assumes the **licensee's** duties, that includes the date and the type of tuberculosis screening test; or

- ii. A written statement that the **household member** is free from infectious pulmonary tuberculosis that is signed and dated by a **physician, physician assistant, or nurse practitioner** within six months before the date the **household member** assumes the **licensee's** duties; and
 - e. Every 12 months after the date the **household member** assumes the **licensee's** duties, one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - i. **Documentation** of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention, administered before or within 30 **days** after the **household member's anniversary date**, that includes the date and the type of tuberculosis screening test; or
 - ii. A written statement that the **household member** is free from infectious pulmonary tuberculosis that is signed and dated by a **physician, physician assistant, or nurse practitioner** before or within 30 **days** after the **household member's anniversary date**;
 - 7. Establish a record for the **household member** who assumes the **licensee's** duties, including:
 - a. **Documentation** of training and **experience** according to R9-20-1503(B),
 - b. Evidence of freedom from infectious pulmonary tuberculosis according to subsection (A)(6),
 - c. Evidence of **current** first-aid and **CPR** certification, and
 - d. **Documentation** of ongoing training according to R9-20-1508; and
 - 8. Maintain the **licensee** or **household member** record at the **behavioral health adult therapeutic home** and provide the record to the Department for review as soon as possible but not more than two hours from the time of the Department's request.
- B.** A **licensee** shall adopt, implement, and have **available** for public review, a **current program description** that includes:
- 1. An explanation of which **behavioral health issues** or **client treatment** needs the **behavioral health adult therapeutic home's behavioral health adult therapeutic home care services** will address, such as individuals who are **seriously mentally ill**, individuals who have **substance abuse** problems, or individuals who have **co-occurring disorders**;

2. The age of the **clients** the **licensee** intends to admit, such as **adults** between the ages of 18 and 22 or **adults** age 65 or older;
 3. Goals of the **behavioral health adult therapeutic home's behavioral health adult therapeutic home care services**;
 4. Consistent with subsections (B)(1), (B)(2), and (B)(3), criteria for:
 - a. Admitting and re-admitting an individual into the **behavioral health adult therapeutic home**,
 - b. Placing an individual on a waiting list,
 - c. Referring an individual to another **behavioral health service agency** or another entity,
 - d. Discharging a **client**, including an involuntary **discharge**,
 - e. Transferring a **client**, and
 - f. Declining to provide **behavioral health adult therapeutic home care services** to an individual;
 5. Any qualifications, in addition to those in R9-20-1502, that an individual must possess to provide **behavioral health adult therapeutic home care services** consistent with subsections (B)(1), (B)(2), and (B)(3);
 6. An explanation of any **client** needs that the home can accommodate, such as:
 - a. **Clients** who do not speak English; or
 - b. **Clients** with a mobility impairment, a sensory impairment, or other physical disability, including any accommodations to ensure that a **client** may exit the home safely in a fire;
 7. An explanation of the **licensee's** approach to managing **out-of-control behavior**, including if the **licensee** will admit a **client** who has required a **drug used as a restraint**, a **mechanical restraint**, a **personal restraint**, or **seclusion** within the past two years; and
 8. If the **licensee** intends to act as a **relief person**.
- C. A **licensee** of a **behavioral health adult therapeutic home** shall:
1. Develop, document in written form, and implement as written signed, dated, policies and procedures for:
 - a. Ensuring the health, safety, and welfare of a **client** on the **premises** or participating in a **licensee-sponsored** activity off the **premises**;
 - b. Updating and documenting the **client's assessment**;
 - c. Maintaining and protecting the confidentiality of **client records** and **client**

information, consistent with R9-20-1514, including:

- i. A procedure for processing a request by a **client** or the **client designee** for **disclosure** of the **client record** or **client** information;
- ii. A procedure for obtaining written authorization for the **disclosure** of a **client record** or **client** information;
- iii. A procedure for maintaining the confidentiality of **client records** and **client** information between the **licensee** and:
 - (1) An organization that accredits **behavioral health service** agencies; or
 - (2) A **person** that provides billing, claims management, medical data processing, utilization review or other administrative services to the **licensee**;
- d. Storage of records not maintained at the **behavioral health adult therapeutic home**, including:
 - i. A procedure for maintaining the confidentiality of records,
 - ii. A procedure for protecting the records at all times from loss, damage, or unauthorized alteration,
 - iii. A procedure to ensure that the records remain accessible to those **persons** requesting a **disclosure** of a **client record** or **client** information; and
 - iv. A procedure to ensure that the **client record** is retained after the **client's discharge** according to A.R.S. § 12-2297;
- e. Implementing, updating and documenting the **client's treatment plan**;
- f. Communicating with members of the **treatment team** regarding the implementation of the **client's treatment plan** and changes to a **client's treatment plan**, including a procedure for:
 - i. Communicating with:
 - (1) The individual responsible for coordinating the **assessment** and **treatment** of a **client's behavioral health issue**;
 - (2) A **client's medical practitioner**, if the **client** is taking a prescription medication; and
 - (3) A member of the **treatment team** to obtain **clinical guidance**; and

- ii. Documenting communications and attempted communications with the **treatment team**, the individual responsible for coordinating the **assessment** and the **client's medical practitioner**;
- g. Receiving a fee from and refunding a fee to a **client** or a **client designee**;
- h. Reporting and investigating **incidents** listed in R9-20-1518(A);
- i. Ensuring the security of possessions that a **client** brings to the **behavioral health adult therapeutic home**;
- j. Managing **client** funds, including:
 - i. Whether the **behavioral health adult therapeutic home** chooses to manage **client** funds through a **personal funds account**; and
 - ii. If the **behavioral health adult therapeutic home** establishes **personal funds accounts**:
 - (1) A policy and procedure for managing **personal funds accounts**, consistent with R9-20-1517(B), and
 - (2) A procedure for investigating a **client grievance** about a **client** funds account;
- k. Acting as a **relief person**, if applicable, including a policy and procedure for how a **client** admitted to a **behavioral health adult therapeutic home** will be oriented to and integrated into the daily activities at the **behavioral health adult therapeutic home**;
- l. Orienting a **relief person** to the **behavioral health adult therapeutic home**, if applicable;
- m. Ensuring communication and coordination of client care with:
 - i. A household member who assumes the licensee's duties, and
 - ii. A relief person,
- n. Smoking on the **premises**;
- o. Ensuring communication and coordination, consistent with the release of information requirements in R9-20-1514, with:
 - i. A **client's family member** or **client designee**;
 - ii. The individual who coordinates the **client's behavioral health services** or **ancillary services**, if applicable; and
 - iii. Other entities or individuals from whom the **client** may receive **treatment**, medical services, or other services;

- p. Responding to a **client's medical emergency** or **immediate** need for unscheduled **behavioral health services**;
 - q. Responding to a **client's** threat of imminent serious physical harm or death to a clearly identified or identifiable individual;
 - r. Addressing how the **licensee** will respond to **out-of-control behavior** to prevent harm to the **client** or another individual;
 - s. **Assistance in the self-administration of medication** according to R9-20-1511;
 - t. **Client** grievances, including specific steps and deadlines for:
 - i. A **client** to file a **grievance**, and
 - ii. The **behavioral health adult therapeutic home** to respond to and resolve a **client grievance**;
 - u. Assigning a **client** to a bedroom according to R9-20-1522(E);
 - v. Providing a **client** with storage according to R9-20-1522(A)(2)(f);
 - w. **Visitors** to the **behavioral health adult therapeutic home**, including the **days** and hours when a **client** may receive **visitors**; and
 - x. **Client** use of the home's telephone, including:
 - i. The hours when phone calls are permitted,
 - ii. Any limitations on the length of phone calls,
 - iii. Any charges for phone calls,
 - iv. A procedure for a **client** to make a private phone call, and
 - v. A procedure for the **licensee** to change the policy for a **client** based on the circumstances of the **client**;
- 2. Maintain the policies and procedures at the **behavioral health adult therapeutic home** and provide any policy or procedure to the Department for review as soon as possible but not more than two hours from the time of the Department's request; and
 - 3. Establish and document administrative hours of operation when the **licensee** and the **behavioral health adult therapeutic home** records are **available** to Department, the public, or a **client**.

R9-20-1508. Initial and Ongoing Training

A **licensee** shall:

- 1. Complete at least 48 hours of training within 12 months of **OBHL** issuing an initial **license** to the **behavioral health adult therapeutic home** and shall complete at least 24 hours of training every twelve months thereafter in each of the following topic areas:

- a. Protecting the **client** rights;
 - b. The **assessment** and **treatment** of mental health issues or **substance abuse** issues;
 - c. Providing **behavioral health adult therapeutic home care services**, including training regarding any **medications** **currently** prescribed for a **client**;
 - d. Protecting and maintaining the confidentiality of **client** **records** and information;
 - e. Recognizing and respecting cultural differences;
 - f. Recognizing, preventing, or responding to a situation in which a **client**:
 - i. May be a **danger to self** or a **danger to others**;
 - ii. May be experiencing a **crisis**; or
 - iii. May be experiencing a **medical emergency**;
 - g. Recognizing, preventing, or responding to a **client**'s out-of control behavior according to R9-20-1516(A);
 - h. Reading and implementing a **client**'s **treatment plan**;
 - i. If the **licensee** is not a **medical practitioner** or a **nurse**, **assistance in the self-administration of medication**, including training in the skills and knowledge according to R9-20-1511(B); and
 - j. Recognizing and responding to a fire, **disaster**, **hazard**, or **medical emergency**;
2. Complete any additional training identified by the **treatment team** to enhance the **licensee's** skills and knowledge;
 3. Document the training in the **licensee** record, including the:
 - a. **Licensee's** name,
 - b. Date of the training,
 - c. Subject or topics covered in the training,
 - d. Duration of the training,
 - e. **Licensee's** signature, and
 - f. The name, signature, and professional credential or job title of the individual providing the training.

R9-20-1509. Admission

- A. On or before the date of a **client's** **admission** to a **behavioral health adult therapeutic home**, a **licensee** shall communicate with the individual responsible for coordinating the **assessment** and **treatment** of a potential **client's** **behavioral health issue**. A **licensee** shall:
 1. Ensure that:

- a. The potential **client** meets the **behavioral health adult therapeutic home's** criteria for **admission**, according to R9-20-1507(B)(4)(a);
 - b. The potential **client** is not a **danger to self** or a **danger to others**; and
 - c. The potential **client** has not required a **drug used as a restraint**, a **mechanical restraint**, a **personal restraint**, or **seclusion** in the previous two years, unless the **licensee** complies with the requirements in this section, R9-20-1510(7) and R9-20-1512(A)(2)(b) for admitting and providing services to a **client** who has required a **drug used as a restraint**, a **mechanical restraint**, a **personal restraint**, or **seclusion** in the previous two years;
2. Obtain a copy of the potential **client's** current **assessment** that, at a minimum, includes the potential **client's**:
- a. Presenting issue;
 - b. **Substance abuse** history;
 - c. **Co-occurring disorder**, if applicable;
 - d. **Medical condition** and medical history, including:
 - i. Any **medical condition** related to the potential **client's behavioral health issue**, and
 - ii. **Client** allergies;
 - e. Mobility impairment, sensory impairment, or other physical disability, if applicable;
 - f. **Medication currently** taken by the **client**;
 - g. Legal history, including:
 - i. Custody;
 - ii. Guardianship;
 - iii. Pending litigation;
 - iv. Court-ordered evaluation,
 - v. Court-ordered treatment;
 - vi. DUI screening, DUI education, or DUI treatment;
 - vii. Domestic Violence Offender Treatment; and
 - viii. Criminal justice record;
 - h. Family history;
 - i. **Treatment** history;
 - j. Whether the **client** has required a **drug used as a restraint**, a **mechanical**

- restraint, a **personal restraint**, or **seclusion** within the past two years;
- k. Recommendations for the **behavioral health adult therapeutic home care services** to be provided by the **licensee**; and
 - l. The signature of a member of the **treatment team** who is a **behavioral health professional** or a **behavioral health technician** under the direction of a **behavioral health professional** and date signed;
3. If the potential **client** has a **client designee**, obtain a copy of the document naming the individual the **client designee**;
4. Obtain a copy of the potential **client's** current **treatment plan** that, at a minimum, includes:
- a. The **client's** presenting issue;
 - b. The **behavioral health adult therapeutic home care services** and **ancillary services** to be provided to the potential **client**, including:
 - i. One or more **treatment goals**;
 - ii. One or more **treatment methods**; and
 - iii. If a **discharge** date has been determined, the **behavioral health services** and **ancillary services** the potential **client** will need after **discharge**;
 - c. Identification of:
 - i. Individuals or entities other than the **licensee** that provide **behavioral health services** or **ancillary services** to the potential **client**,
 - ii. Individuals or entities other than the **licensee** that provide assistance to the potential **client** who does not speak English or who has a mobility impairment, sensory impairment, or other physical disability, if applicable;
 - iii. What services those individual or entities provide to the potential **client**;
 - d. The scheduled date when the **treatment team** and the **licensee** shall review the **treatment plan**;
 - e. The signature of a member of the **treatment team** who is a **behavioral health professional** or a **behavioral health technician** under the direction of a **behavioral health professional** and date signed; and
 - f. The signature, or **documentation** of the refusal to sign, of the **client** or the **client designee**, according to R9-20-1510(2)(d), and date signed.
5. Obtain a current **crisis plan** for the potential **client**, including:

- a. If the potential **client** has experienced a previous **crisis**, a description of the potential **client**'s previous **crisis**, including:
 - i. **Client** behaviors or events preceding the **crisis**;
 - ii. **Client** behaviors or events during the **crisis**; and
 - iii. How the **crisis** was resolved;
 - b. A procedure for the **licensee** that may help to prevent a **crisis**;
 - c. A procedure for the **licensee** to respond to a **crisis**; including:
 - i. Contact information for members of the **treatment team** or the potential **client**'s family who may be able to assist in a **crisis**; and
 - ii. Steps for the **licensee** to follow if a member of the **treatment team** is not **available** to provide **clinical guidance** to the **licensee** during a **crisis**;
6. Obtain initial **clinical guidance** regarding implementation of the potential **client**'s **assessment** and **treatment plan** with the individual responsible for coordinating the **assessment** and **treatment** of the **client**'s **behavioral health issue**;
7. If the potential **client** has required a **drug used as a restraint**, a **mechanical restraint**, a **personal restraint**, or **seclusion** within the past two years, the initial **clinical guidance** in (6) should include **clinical guidance** in:
- a. The **client** behaviors or other indicators that precede **out-of-control behavior**;
 - b. Techniques for calming a **client** before **out-of-control behavior** consistent with the **licensee**'s training in R9-20-1515(A); and
 - c. The previous use of a **drug used as a restraint**, a **mechanical restraint**, a **personal restraint**, or **seclusion** with the **client**;
8. Document when and how the **licensee** will obtain ongoing **clinical guidance** from a member of the **treatment team** according to R9-20-1507(C)(1)(f); and
9. If the potential **client** has required a **drug used as a restraint**, a **mechanical restraint**, a **personal restraint**, or **seclusion** within the past two years, with the assistance of the **treatment team** and consistent with the **client**'s **treatment plan**, establish:
- a. A procedure for responding to **out-of-control behavior**;
 - b. A plan for the review of the **client**'s treatment needs and the **client**'s placement in the **behavioral health adult therapeutic home**, including the **client** behavior that would trigger such a review;
 - c. A **discharge** criteria for the **client** that indicates the **client** behavior or pattern of behavior that would necessitate the **client**'s **discharge**.

- B.** At the time of a **client's admission** to a **behavioral health adult therapeutic home**, a licensee shall:
1. Obtain the **client's general consent** to **admission**;
 2. Document the **client's general consent** in the **client record**, including the **client's** signature and the date signed;
 3. Inform the **client** of the **client's** rights according to R9-20-1520(B);
 4. Ensure that a **client's** freedom from infectious pulmonary tuberculosis is documented in the **client record** including:
 - a. **Documentation** of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention, administered within six months before the **client's admission** to the **behavioral health adult therapeutic home**, that includes the date and the type of tuberculosis screening test; or
 - b. A written statement that the **client** is free from infectious pulmonary tuberculosis that is signed and dated by a **physician, physician assistant, or nurse practitioner** within six months before the date the **client** is admitted to the **behavioral health adult therapeutic home**; and
 - c. Every 12 months after the date of the **client's admission**, one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - i. **Documentation** of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention, administered before or within 30 **days** after the **client's anniversary date**, that includes the date and the type of tuberculosis screening test; or
 - ii. A written statement that the **client** is free from infectious pulmonary tuberculosis that is signed and dated by a **physician, physician assistant, or nurse practitioner** before or within 30 **days** after the **client's anniversary date**;
 5. If a **client** is participating in **research** or **treatment** that is not a **professionally recognized treatment**, add a copy of the **client's** written **informed consent** to the **client record**;
 6. If the **client** is ordered by a court to receive **behavioral health adult therapeutic home care services**, add copy of the court order to the **client record**; and

7. Ensure that the **client** receives an **orientation**, according to R9-20-1507(C)(1)(k), that is documented in the **client record**, and includes:
 - a. A tour of the home, including
 - i. Food storage;
 - ii. **Medication** storage;
 - iii. Identification of the evacuation path;
 - iv. The location of fire extinguishers; and
 - v. Security alarms, if applicable; and
 - b. Introduction to **household members**,
 - c. An explanation of **client** rights according to R9-20-1520(A), and
 8. Inform the **client** of the **home directives** and document that the **client** agrees to comply with the **home directives** in the **client record**, including the **client's** signature and the date signed;
 9. Inform the **client** of:
 - a. Any fees that the **client** is required to pay, and
 - b. The licensee's responsibility to inform the client or the client designee, in writing, at least 30 days before any change in a fee that the client is required to pay;
 10. If the **client** is not required to pay any fees, inform the **client** that the **client** will not be responsible for any fees;
 11. Inform the **client** of the **behavioral health adult therapeutic home's** refund policy and procedure established in R9-20-1507(C)(1)(g);
 12. Document in the **client record** that the **client** was provided the information in subsections (9) or (10), including the **client's** signature and the date signed; and
 13. Document in the **client record** that the **client** was informed of the **behavioral health adult therapeutic home's** refund policy and procedure, including the **client's** signature and date signed.
- C. Within five **days** after the date of a **client's admission**, the **licensee** shall:
1. Review the **client's assessment** and **treatment plan** and document the review in the **client record**, including the date of the review; and
 2. Document the following information in the **client record**:
 - a. The **client's** name and date of birth;
 - b. The name and telephone number of:
 - i. An individual to contact in case of an **emergency**;

- ii. The **client designee**, if applicable;
 - iii. The individual who coordinates the **client's behavioral health services** or **ancillary services**, if applicable;
 - iv. The **client's** probation or parole officer, if applicable; and
 - v. The **client's medical practitioner**;
- c. Any **client medical condition** or allergy; and
 - d. The date the **client** was admitted to the **behavioral health adult therapeutic home** and the date of the **client's** anticipated **discharge**, if a **discharge** date has been determined.

R9-20-1510. Behavioral Health Adult Therapeutic Home Care Services

A licensee shall:

- 1. Ensure the health, safety, and welfare of the **client** at the **behavioral health adult therapeutic home** and on a licensee-sponsored activity off the **premises**;
- 2. Ensure that:
 - a. A **client** receives **behavioral health adult therapeutic home care services** according to:
 - i. The **client's treatment plan**; and
 - ii. The **client's crisis plan**, if applicable;
 - b. If a **client** requires **behavioral health adult therapeutic home care services**, including a **client's** unexpected need for services, the **licensee**:
 - i. Is present at the **behavioral health adult therapeutic home** to provide **behavioral health adult therapeutic home care services**, or
 - ii. Arranges for a **relief person** to assume the **licensee's** duties;
 - c. The **client** receives an explanation of the **behavioral health adult therapeutic home care services** in the **client's treatment plan**;
 - d. If a **client** has a **client designee**:
 - i. The **client designee** is permitted to participate in the **client's behavioral health adult therapeutic home care services** to the extent permitted by the document naming the individual as the **client designee**,
 - ii. **Client** information is released to the **client designee** to the extent permitted by the document naming the individual as the **client designee** and according to the requirements in R9-20-1514; and
 - iii. Add a copy of the document naming the individual as the **client designee**

- to the **client record**;
3. Write a **progress note** in the **client record** at least once a **day** and when the **licensee**:
 - a. Observes a change in **client** behavior or **client** condition;
 - b. Communicates with the **client designee** or another individual regarding the **client's** health, safety, welfare, or **treatment**; or
 - c. Coordinates with a **person** regarding the provision of **behavioral health services**, medical services, or **ancillary services** to the **client**;
 4. Ensure that:
 - a. A **progress note** is written in the **client record** on the date that an event occurs;
 - b. Any additional information added to a **progress note** is identified as a late entry;
 - c. A **progress note** includes:
 - i. The time and date the **progress note** was written, and
 - ii. The name of the individual who wrote the **progress note**;
 - d. The information in the **progress note** is communicated to the **treatment team**; and
 - e. The communication to the **treatment team** is documented in the **client record**, including the date the information was communicated to the **treatment team**;
 5. According to R9-20-1509(A)(8), obtain **clinical guidance** that consists of at least an hour each month, for each **current client**, from a member of the **client's treatment team**;
 6. Contact the **treatment team** to obtain **clinical guidance**:
 - a. Before making a change to the **client's behavioral health adult therapeutic home care services**, such as a change in the **client's medication** schedule;
 - b. **Immediately**, when:
 - i. The **licensee** becomes aware that the **client** has had a **significant change in condition**;
 - ii. The **licensee** learns that the **client** has begun to participate in **research or treatment** that is not a **professionally recognized treatment**;
 - iii. The **licensee** becomes aware that the **client** has had a **medication error**;
 - iv. The **client** has a **crisis**; and
 - v. The **client** refuses to sign a written agreement restricting the **client's** personal liberty, according to R9-20-1520(A)(4)(c)(ii), and the **licensee** believes that there is a threat to the **client's** health and safety;
 - c. Within 24 hours of:

- i. Learning that the **client's medication** has changed, including the dosage of the medication;
 - ii. Learning that a **client** who does not speak English or who has a mobility impairment, sensory impairment, or other physical disability needs assistance in addition to what is stated in the **client's treatment plan**; and
 - iii. An **incident** listed in R9-20-1518;
- 7. In addition to the requirements in subsections (4), (5), and (6), if the **client** has required a **drug used as a restraint**, a **mechanical restraint**, a **personal restraint**, or **seclusion** within the past two years, the **licensee** shall:
 - a. Write a **progress note** in the **client record** at least once a week, which evaluates the **client's** behavior; and
 - b. Obtain and document according to (9), **clinical guidance** from a member of the **client's treatment team** when the evaluation determines that the **client's** behavior needs improvement;
- 8. If **client** reaches two years without a **drug used as a restraint**, a **mechanical restraint**, a **personal restraint**, or **seclusion** while at the **behavioral health adult therapeutic home**, the **licensee** is not required to comply with the additional requirements imposed by R9-20-1509(A)(1)(c);
- 9. In the **client record**, document:
 - a. **Clinical guidance**, including:
 - i. The name and professional credential or job title of the member of the **client's treatment team** who provided the **clinical guidance**,
 - ii. The date the **clinical guidance** was provided to the **licensee**,
 - iii. The duration of the **clinical guidance** provided to the **licensee**, and
 - iv. The subject matter of the **clinical guidance**;
 - b. Any other communications with the **treatment team** by the **licensee**;
 - c. Any changes to the **client's assessment** and **treatment plan** as a result of the **clinical guidance**; and
 - d. Any changes to the **behavioral health adult therapeutic home care services** provided to the **client** as a result of the **clinical guidance**;
- 10. Review and update:
 - a. A **client's assessment**, according to R9-20-1507(C)(1)(b), but at least when:

- i. Additional information that affects a **client assessment** is identified; or
 - ii. The **licensee** receives results from a further **client assessment** or examination;
- b. A **client's treatment plan** on an on-going basis according to R9-20-1507(C)(1)(e), but at least:
 - i. When a **treatment goal** is accomplished or changes,
 - ii. When the **client's assessment** is updated, and
 - iii. When the **client** has a **significant change in condition**; and
- c. The **client's crisis plan** within five **days** of a **client's crisis**, including:
 - i. A description of the **client's crisis**, including **client** behaviors or events preceding the **crisis**, **client** behaviors or events during the **crisis**, and how the **crisis** was resolved;
 - ii. Any changes to the procedure for the **licensee** that may help to prevent a **crisis**;
 - iii. Any changes to the procedure for the **licensee** to respond to a **crisis**; including changes to:
 - (1) The contact information for members of the **treatment team** or the potential **client's** family who may be able to assist in a **crisis**; and
 - (2) The steps for the **licensee** to follow if a member of the **treatment team** is not **available** to provide **clinical guidance** to the **licensee** during a **crisis**; and
- 11. Document updates to the **client's assessment, treatment plan, and crisis plan** in the **client record** according to R9-20-1514; and
- 12. Inform the client or the **client designee**, in writing, at least 30 days before any change in a fee that the client is required to pay.

R9-20-1511. Assistance in the Self-Administration of Medication

A. The **licensee** shall ensure that:

- 1. Policies and procedures are developed, approved by a **medical practitioner, pharmacist, or registered nurse**, documented in written form, implemented as written, and include:
 - a. Procedures for **assistance in the self-administration of medication**, including:
 - i. Storing a **client's medication**;

- ii. Reminding a **client** to take a **medication**;
 - iii. Verifying that the **medication** is taken as directed by the **client's medical practitioner**, including procedures for confirming that a **medication** is being taken by the **client** for whom the **medication** is prescribed and checking the dosage against the label on the container;
 - iv. Opening a **medication** container; and
 - v. Observing a **client** while the **client** removes the **medication** from the container or takes the **medication**;
- b. A procedure for:
- i. Preventing, responding to, and reporting a **medication error**, adverse reaction to **medication**, or **medication** overdose;
 - ii. Responding to the signs, symptoms, or circumstances indicating that a **client** should not take a **medication**, including whom to contact to review and address the **client's** situation;
 - iii. Disposing of **medication** according to subsections (D)(3) through (D)(5);
 - iv. Assisting a **client** in obtaining **medication** and ensuring that a **client** does not run out of **medication**;
 - v. Responding to a **client** who does not need **assistance in the self-administration of medication** and is not taking the **client's medication** as ordered; and
 - vi. Documenting **assistance in the self-administration of medication** according to subsections (C)(6) and (C)(8);
- B.** Before providing **assistance in the self-administration of medication**, a licensee shall:
- 1. Be a **medical practitioner** or **nurse**; or
 - 2. Have:
 - a. Knowledge of the **medications** commonly prescribed for **behavioral health adult therapeutic home clients**, including the:
 - i. Common benefits, side effects, and adverse reactions of those **medications**;
 - ii. Signs, symptoms, or circumstances indicating that a **client** should not take a **medication**;
 - iii. Differences between assisting in the self-administration of **medication** and medication administration;

- iv. Medical terminology used in assisting in the self-administration of medication;
 - v. Signs, symptoms, and indicators of toxicity or overdose; and
 - b. Skill in:
 - i. Assisting in the self-administration of medication;
 - ii. Identifying the signs, symptoms, and indicators of toxicity or overdose;
 - iii. Responding to a **medication error** or **medical emergency**; and
 - iv. Documenting **assistance in the self-administration of medication**;
- 3. Ensure that the skills and knowledge in subsection (B)(2) are verified by a **pharmacist**, **medical practitioner**, or **registered nurse** through one or more of the following:
 - a. Visual observation of the individual interacting with another individual, such as through role-playing exercises;
 - b. Verbal interaction with the individual, such as interviewing, discussion, or question and answer; or
 - c. A written examination;
- 4. Obtain **documentation** of the verification of the skills and knowledge listed in subsection (B)(2), including the:
 - a. Name of the **licensee**;
 - b. Date skills and knowledge were verified;
 - c. Method of verification used, according to subsection (B)(3); and
 - d. Signature and professional credential or job title of the individual who verified the **licensee's** skills and knowledge;
- 5. Add the **documentation** in subsection (B)(4) to the **licensee**, **household member** who assumes the **licensee's** duties, or **relief person** record;
- 6. Establish, document, and update a list of **licensees**, **household members** who assume the **licensee's** duties, and **relief persons** authorized to:
 - a. Provide **assistance in the self-administration of medication** to a **client**; and
 - b. Have access to a **client's medication**;
- 7. Maintain the list in subsection (B)(6) at the **behavioral health adult therapeutic home** and provide the list to the Department for review as soon as possible but not more than two hours from the time of the Department's request;
- 8. Ensure that the following texts are accessible to individuals who provide **assistance in the self-administration of medication** at the **behavioral health adult therapeutic**

home:

- a. A drug reference guide, such as the Physician Desk Reference, with a copyright date that is no more than two years before the **current** date; and
- b. A reference book published for household use, with a copyright date that is no more than five years before the **current** date; that includes poison control and first aid information.

C. If a **client** needs **assistance in the self-administration of medication**, the **licensee** shall:

1. Ensure that a **licensee** with documented verification of the skills and knowledge in subsection (B)(3) is present at the **behavioral health adult therapeutic home** at all times when a **client** needs **medication**;
2. Provide information about a **client's medication** that the **licensee** receives from a **pharmacist** or **medical practitioner** to a **client** when the **client** begins taking a new **medication** or when there is a change in a **client's medication**, including:
 - a. For a **medication** to treat a **behavioral health issue** and a **medication** to treat an issue other than a **behavioral health issue**, a **medication's**:
 - i. Anticipated results,
 - ii. Potential adverse reactions, and
 - iii. Potential side effects; and
 - b. Potential adverse reactions that could result from not taking the **medication** as prescribed;
3. Document in the client record that the information in subsection (C)(2) was provided to the client;
4. Ensure that a **client** takes the **client's medication** as directed by the **client's medical practitioner**;
5. Ensure that a **client's current**, prescribed **medication** is **available** to the **client** at the **behavioral health adult therapeutic home**;
6. If there is a **medication error** or a **client** has an adverse reaction to a medication:
 - a. Report the **medication error** or adverse reaction to:
 - i. The **treatment team immediately**, and
 - ii. **OBHL**, according to R9-20-1518;
 - b. Contact a **pharmacist** or the **medical practitioner** who prescribed the **medication** to obtain direction; and
 - c. Document the contact in subsection (b) and the action taken as a result of the

- contact in the **client's medication** record;
7. Establish and maintain a separate record of **assistance in the self-administration of medication** for each **client** that:
- a. Is **current** and accurate;
 - b. Documents each instance when a **client** received **assistance in the self-administration of medication**, including:
 - i. The name of the **client**;
 - ii. The name of the **medication**;
 - iii. The dosage of the **medication**;
 - iv. The date and time the **medication** was taken by the **client**;
 - v. The **route of administration**;
 - vi. For a prescribed **medication**, the name of the **medical practitioner** who prescribed the **medication**;
 - vii. If the **assistance in the self-administration of medication** occurred off the **premises**, the location where it occurred;
 - viii. The observations of the **licensee** providing **assistance in the self-administration of medication**, if applicable;
 - ix. The signature or initials and professional credential or job title of the **licensee** providing **assistance in the self-administration of medication**;
and
 - x. The signature or initials of the **client** receiving **assistance in the self-administration of medication**;
8. If a **client** receives assistance in the self-administration of injectable **medication**:
- a. Add a copy of the **order** for the injectable **medication** from a **medical practitioner** to the **client record**, including:
 - i. The **medical practitioner's** name,
 - ii. The **client's** name,
 - iii. The name of the **medication**,
 - iv. Authorization from the **medical practitioner** for the **client** to inject the **medication**, and
 - v. The frequency of the dose;
 - b. Ensure that used syringes, vials, and testing materials are disposed of in a manner that protects the health and safety of the **client** and other individuals;

9. If a **client** receives assistance in the self-administration of a medication that is a schedule II drug listed in A.R.S. § 36-2513, a schedule III drug listed in A.R.S. § 36-2514, or a schedule IV drug listed in A.R.S. § 36-2515, ensure that the record in subsection (C)(6) includes:
 - a. The name of the **medication**;
 - b. The date and quantity of the **medication** received by the **behavioral health adult therapeutic home**;
 - c. The name of the individual who ordered the **medication**;
 - d. The name of each **client** for whom the **medication** is prescribed;
 - e. The date, time, and dosage of each self-administration of medication;
 - f. The signature and professional credential or job title of each **licensee** who provides assistance in the self-administration of the medication; and
 - g. The amount of medication remaining in the container after each self-administration of medication;
10. Ensure that a **client's medication** is stored:
 - a. In an original labeled container that indicates:
 - i. The **client's** name;
 - ii. The name of the **medication**, the dosage, and directions for taking the **medication**;
 - iii. The name of the individual prescribing the **medication**; and
 - iv. The date that the **medication** was prescribed; or
 - b. In a **medication organizer** that:
 - i. May be prepared up to one week in advance;
 - ii. States the **client's** name and the date prepared;
 - iii. Is prepared according to a **medical practitioner's** orders; and
 - iv. Is prepared by the **client** with supervision from the **licensee**;
 - c. In a locked container, cabinet, or area that is:
 - i. Inaccessible to a **client**, and
 - ii. Not left unattended by the **licensee**;
 - d. According to the **medication** manufacturer's recommendations; and
 - e. Separately by the **medication's route of administration**; and
11. Ensure that a **client's medication regimen**:
 - a. Is reviewed by a **registered nurse, medical practitioner, or pharmacist**:

- i. At least once every 12 months, calculated from the date of the client's admission;
 - ii. When there is a change in the **client's medication** for the **client's behavioral health issue**; and
 - iii. When there is a change in the **client's medication** for an issue other than a **behavioral health issue**;
- b. Meets the **client's treatment** needs and **client** needs for issues other than a **behavioral health issue**; and
- c. The review is documented in the **client record** or the **client's** record of self-administration of medication, including:
 - i. The reviewer's signature,
 - ii. The date of the review,
 - iii. The reviewer's professional credential or job title; and
 - iv. The reviewer's professional license number.

D. A licensee shall:

- 1. Inspect an area where **medication** is stored at least once every 90 **days** to ensure that:
 - a. **Medication** is stored according to subsection (C)(9),
 - b. **Medication** is disposed of according to subsection (D)(3);
- 2. Document the inspection, including:
 - a. The **licensee's** name,
 - b. The date of the inspection,
 - c. The area or areas inspected,
 - d. Whether **medication** is stored according to subsection (C)(9),
 - e. Whether **medication** is disposed of according to subsection (D)(3), and
 - f. Any action taken to ensure compliance with the requirements in this Section;
- 3. Ensure that **medication** is disposed of when:
 - a. The **medication** has expired, according to the date on the **medication** container label;
 - b. The label on the **medication** container is missing or illegible;
 - c. The **client's medical practitioner** orders that the **client** discontinue use of the **medication**;
 - d. The **client's medical practitioner** orders that the **client's medication** not be released to the **client** at the time of the **client's discharge** or **transfer**; and

- e. When required by state or federal law or the **behavioral health adult therapeutic home's** policy and procedure;
 - 4. Ensure that **medication** is disposed of by at least two individuals with skills and knowledge according to subsections (B)(2), (B)(3), and (B)(4);
 - 5. If an individual assisting with the disposal of **medication** in (B)(4) is not a **licensee, household member** who assumes the duties of the **licensee, or relief person**, obtain **documentation** of the individual's skills and knowledge according to subsection (B)(3);
 - 6. Maintain the **documentation** in subsection (D)(5) at the **behavioral health adult therapeutic home** and provide the **documentation** to the Department as soon as possible but not more than two hours from the time of the Department's request; and
 - 7. Ensure that **medication** disposal is documented in the **client medication** record, to include:
 - a. The date of disposal,
 - b. The method of disposal, and
 - c. The name, signature, and professional credential or job title of the individuals disposing of the **medication** and the date signed.
- E.** If a **client** does not require **assistance in the self-administration of medication**, the **licensee**:
- 1. Shall provide a **client** with a locked area or locked container in which to secure the **client's medication**;
 - 2. Shall have access to the **client's medication** at all times; and
 - 3. If the **licensee** becomes aware that the **client** is not taking a **medication** as ordered, shall:
 - a. Contact:
 - i. The **treatment team** within 24 hours, and
 - ii. **OBHL**, according to R9-20-1518;
 - b. Contact a **pharmacist** or the **medical practitioner** who prescribed the **medication** to obtain direction; and
 - c. Document the contact and the action taken as a result of the contact in the **client record**;

R9-20-1512. Discharge and Transfer

- A.** A **licensee** shall:
- 1. Ensure that a **client** is free from **discharge or transfer**, or threat of **discharge or transfer**, for reasons unrelated to the **client's behavioral health adult therapeutic home care services** needs, except that a **client** may be **discharged** if the **client** does not

pay fees the **client** was informed of according to R9-20-1509(B)(9); and

2. **Discharge a client:**

- a. According to the **behavioral health adult therapeutic home's discharge criteria** contained in the **behavioral health adult therapeutic home's program description** according to R9-20-1507(B)(4)(d);
- b. If the **client** has required a **drug used as a restraint**, a **mechanical restraint**, a **personal restraint**, or **seclusion** within the past two years, according to the **discharge** criteria established for the **client** according to R9-20-1509(A)(9)(c); and
- c. When the **client's treatment team** determines that the **client** should no longer receive services from the **behavioral health adult therapeutic home**.

B. Before a **client** is **discharged**, the **licensee** shall:

1. Meet with the **treatment team** to:

- a. Discuss:
 - i. The **client's** presenting issue and other **behavioral health issues** identified in the **client's treatment plan**;
 - ii. The behavioral health **adult** home care services provided to the **client** in the **behavioral health adult therapeutic home**;
 - iii. The **client's** progress in meeting **treatment goals**, including **treatment goals** that were and were not achieved;
 - iv. Any other **client** issues related to the **client's** living, social, and communication skill, including any family issues and the **client's** daily habits;
 - v. The name, dosage, and frequency of each **medication currently** ordered for the **client** by a **medical practitioner**; and
 - vi. Any **ancillary services** the **client** will require after **discharge**, such as transportation or the **client's** dietary needs;
 - b. Determine if the **client** requires a **referral** for:
 - i. **Behavioral health services**,
 - ii. Medical services, or
 - iii. **Ancillary services**, including transportation, food, and housing;
2. Document the results of the meeting in a **discharge summary**, including:
- a. The items in subsection (1)(a),

- b. Any **referrals** in subsection (1)(b), and
 - c. The signature of the individual responsible for coordinating the **client's behavioral health services**;
 - 3. Add the **discharge summary** to the **client record** within 15 **days** of the **client's discharge**;
 - 4. Create a **discharge plan** and provide the **discharge plan** to the **client** at **discharge**, including:
 - a. The **referrals** in subsection (1)(b);
 - b. The name, dosage, and frequency of each **medication currently** ordered for the **client** by a **medical practitioner**;
 - c. Contact information for the **client's primary medical practitioner**; and
 - d. For a **client** who is involuntarily **discharged**, a written notice indicating:
 - i. The **client's** right to submit a **grievance**, and
 - ii. The **behavioral health adult therapeutic home's** **grievance** policy and procedure; and
 - 5. Place a copy of the **discharge plan** in the **client record**.
- C. A **licensee** shall:
- 1. Ensure that a **client** is transferred according to R9-20-1507(B)(4)(e), and shall:
 - a. Meet with the **client's treatment team** according to (B)(1) and (B)(2),
 - b. Provide a copy of the **documentation** in subsection (a) to the institution receiving the **client**, and
 - c. Place a copy of the **documentation** in subsection (a) in the **client record**;
 - 2. If at the time of the **transfer** it is anticipated that the **client** will return to the **behavioral health adult therapeutic home** but the **client** does not return to the **behavioral health adult therapeutic home**, within 15 **days** of receiving notice that the **client** will not return, document in the **client record**:
 - a. The reason why the **client** will not return to the **behavioral health adult therapeutic home**, and
 - b. The disposition of the **client's** belongings; and
 - 3. If the **client** returns to the **behavioral health adult therapeutic home**:
 - a. Ensure that the **client** continues to meet the requirements in R9-20-1502(A)(1);
 - b. On or before the **day** the **client** returns to the **behavioral health adult therapeutic home**, obtain:

- i. **Clinical guidance** regarding any changes to the **client's assessment** and **treatment plan**, and
- ii. A copy of the **client's assessment** and **treatment plan** that meets the requirements in R9-20-1509(A)(2) and (A)(4);
- c. Within five **days** of the **client's** return, document the items in subsection (3)(b) in the **client record**.

R9-20-1513. Relief Person

A. A licensee shall:

- 1. Obtain **documentation**, according to R9-20-1503(B)(1)-(5), that a **relief person**:
 - a. Has the qualifications in R9-20-1502(2),
 - b. Has **current** first-aid and **CPR** certification, and
 - c. Is at least 21 years old;
- 2. Ensure that a **relief person** submits:
 - a. On or before the date the **relief person** begins providing **behavioral health adult therapeutic home care services** to a **client**, one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - i. **Documentation** of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention, administered within six months before providing **behavioral health adult therapeutic home care services** to a **client**, that includes the date and the type of tuberculosis screening test;
 - ii. A written statement that the **relief person** is free from infectious pulmonary tuberculosis that is signed and dated by a **physician, physician assistant, or nurse practitioner** within six months before providing **behavioral health adult therapeutic home care services** to a **client**; or
 - iii. If the relief person is a staff member or licensee of another behavioral health service agency, current documentation of freedom from infectious pulmonary tuberculosis;
 - b. Every 12 months after the date the **relief person** began providing **behavioral health adult therapeutic home care services** to a **client**, one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - i. **Documentation** of a negative Mantoux skin test or other tuberculosis

- screening test recommended by the U.S. Centers for Disease Control and Prevention, administered before or within 30 **days** after the **relief person's anniversary date**, that includes the date and the type of tuberculosis screening test; or
- ii. A written statement that the **relief person** is free from infectious pulmonary tuberculosis that is signed and dated by a **physician, physician assistant, or nurse practitioner** before or within 30 **days** after the **relief person's anniversary date**;
3. Notify:
- a. The **client's treatment team**, in writing, of the name and address of the **licensee's relief person**;
- b. The Department, in writing, of the name and address of the **licensee's relief person**;
4. Document in the **client record** when a **relief person** is responsible for the **client**, including:
- a. The date when the **relief person** assumed the **licensee's** duties, and
- b. The name of the **relief person**;
5. Provide to the **relief person**:
- a. Direction in meeting the **client's** needs; or
- b. If the **licensee** is not **available** to provide direction, instructions on how to obtain **clinical guidance** from the **client's treatment team**;
6. Establish a record for the **relief person** that includes:
- a. The **documentation** required in subsection (1); and
- b. The instructions for obtaining **clinical guidance** required in subsection (5)(b); and
7. Maintain the **relief person** record for at least two years from the last date the **relief person** assumed the duties of the **licensee** and provide to the Department for review:
- a. For a **current relief person**, as soon as possible but not more than two hours from the time of the Department's request; and
- b. For a former **relief person**, as soon as possible, but not more than three **working days** from the time of the Department's request.
- B.** On or before the first **day** that the **relief person** assumes the **licensee's** duties at the **licensee's behavioral health adult therapeutic home**, provide and document in the **relief person** record an

orientation that includes:

1. A review of:
 - a. The **client's assessment** and **treatment plan** for each **client**,
 - b. The **client's** diet needs,
 - c. Any **client** family issues,
 - d. The **client's** daily habits, and
 - e. Any needs the **client** has as a result of the **client's behavioral health issue**;
 2. Contact information for:
 - a. The **licensee**,
 - b. The **client's medical practitioner**, and
 - c. The **client's treatment team**;
 3. An introduction to the **client**;
 4. An **orientation** to the **facilities**, including:
 - a. Food storage,
 - b. **Medication** storage,
 - c. The location of fire extinguishers,
 - d. Security alarms, and
 - e. Any other information about the home necessary to ensure the safety of the **clients** and the **relief person**;
 5. A description of who manages the **client's** funds and how those funds are managed; and
 6. If the **relief person** will provide funds to a **client** from a **client personal funds account**, review and document the review in the **relief person** record, including:
 - a. The policies and procedures for **personal funds accounts**,
 - b. A **client's** written request for a **client personal funds account**, and
 - c. The **client personal funds account** record, including instruction on how to make entries and additions to the **client personal funds account** record.
- C. On or before the first **day** a **relief person** accepts a **client** into the **relief person's** establishment, the **licensee** shall:
1. Ensure that the **client** is placed with a **relief person** who is:
 - a. A **behavioral health adult therapeutic home** licensee,
 - b. Another licensed **behavioral health service agency**, or
 - c. A provider approved by the **client's treatment team**;
 2. Document the treatment team's approval of the provider in subsection (C)(1)(c) in the

client record;

3. Provide the **relief person** with:
 - a. A copy of the **client's assessment** that meets the requirements of R9-20-1509(A)(2);
 - b. A copy of the **client's treatment plan** that meets the requirements of R9-20-1509(A)(4);
 - c. Contact information for:
 - i. The **licensee**,
 - ii. The **client's medical practitioner**, and
 - iii. The **client's treatment team**; and
4. Introduce the **client** to the **relief person**.

D. If a **licensee** is a **relief person** and accepts a **client** for **behavioral health adult therapeutic home care services** in the **licensee's behavioral health adult therapeutic home**, a **licensee** shall:

1. Ensure that:
 - a. When the **licensee** is a **relief person**, a **client** does not cause the **behavioral health adult therapeutic home** to exceed the **licensed capacity** identified on the **behavioral health adult therapeutic home's license**; and
 - b. The **client** meets the **admission** criteria according to R9-20-1507(B)(4)(a);
2. Obtain:
 - a. A copy of the **client's assessment** that meets the requirements of R9-20-1509(A)(2);
 - b. A copy of the **client's treatment plan** that meets the requirements of R9-20-1509(A)(3);
 - c. Contact information for:
 - i. The **client's regular provider**,
 - ii. The **client's medical practitioner**, and
 - iii. The **client's treatment team**;
3. Create a **client record** that includes the items in subsection (2);
4. Provide the **client** with an **orientation** to the **behavioral health adult therapeutic home**;
5. Document in the **client record**:
 - a. The **orientation** in subsection (4),

- b. The dates the **client** receives behavioral health **adult** therapeutic care services, and
- c. Any changes to the **client's** condition; and
- 6. Provide a dated copy of the **client record** to the **client's regular provider**:
 - a. When the **client** ceases to receive **behavioral health adult therapeutic home care services** from the **licensee**, or
 - b. If **behavioral health adult therapeutic home care services** are provided to the **client** on an ongoing basis, such as twice a week or once a month.

R9-20-1514. Client Records**A. A licensee shall ensure that:**

- 1. A **client record** is established and maintained for each **client**;
- 2. An entry in a **client record** is:
 - a. **Current** and accurate;
 - b. Dated and legible;
 - c. Recorded in ink or electronically recorded;
 - d. **Authenticated** by the individual making the entry; and
 - e. When amended:
 - i. The information to be amended is struck out with a single line that allows the struck information to be read; and
 - ii. The amended entry is **authenticated**;
- 3. If an electronic signature code is used to **authenticate** an entry in a **client record**:
 - a. Each individual has their own electronic signature code issued by the **licensee**,
 - b. The individual who makes the entry signs a statement that the individual is accountable for the use of the electronic signature code; and
 - c. The **licensee** maintains the statement at the **behavioral health adult therapeutic home**;
- 4. If a rubber stamp signature is used to **authenticate** an entry in a **client record**:
 - a. Each individual has their own rubber stamp signature issued by the **licensee** and is accountable for the use of the rubber stamp signature; or
 - b. If more than one individual uses the same rubber stamp signature, the individual making the entry shall:
 - i. Sign a statement that the individual is authorized to use the rubber stamp signature; and

- ii. Initial the rubber stamp signature to indicate their authorship of the entry;
- 5. On the written request of a **client** or a **client designee**, a **client record** or **client** information is **disclosed** to the **person** making the request according to R9-20-1510(2)(d), unless:
 - a. The **client's physician** determines that the **client's** access to the **client record** is **contraindicated**, or
 - b. A **health professional** determines that:
 - i. **Disclosure** to the **client** or the **client designee** is reasonably likely to endanger the life or physical safety or the **client** or another **person**,
 - ii. The **client record** makes reference to a **person** other than a **health professional** and **disclosure** to the **client** or the **client designee** is reasonably likely to cause substantial harm to that other **person**,
 - iii. **Disclosure** to the **client designee** is reasonably likely to cause substantial harm to the **client** or another **person**, or
 - iv. **Disclosure** to the **client** or the **client designee** would reveal information obtained under the promise of confidentiality with someone other than a **health professional** and access would be reasonably likely to reveal the source of the information,
 - c. The **licensee** or another **person** providing **behavioral health services** to the **client** determines that the information in the **client record** was created or obtained in the course of **research** and the **client** or the **client designee** agreed that the information would not be **disclosed** when consenting to participate in the **research** and was informed that the right of **disclosure** will be reinstated on the completion of the **research**;
- 6. If a request for **disclosure** is denied:
 - a. The denial is documented in the **client record**, including a written explanation of the reason for the denial of the request for **disclosure**; and
 - b. The **client** or the **client designee** is provided with a copy of the written explanation of the reason for the denial of the request for **disclosure**;
- 7. The **licensee**, the **relief person**, and other individuals living in the **behavioral health adult therapeutic home** release and discuss **client**-related information only as necessary for the provision of **behavioral health adult therapeutic home care services**;
- 8. A **client record** or **client** information is confidential and is only **disclosed** with the

written authorization from the **client** or the **client designee** according to R9-20-1510(2)(d), except a **client record** or **client** information may be **disclosed** without written authorization to:

- a. **Persons** who are **currently** providing **behavioral health services, ancillary services**, medical services, nursing services, or health-related services to the **client**, to the extent necessary for the provision of the services to the **client**;
 - b. **Persons** who have previously provided **behavioral health services, ancillary services**, medical services, nursing services or health-related services to the **client**, to the extent that the **client** information pertains to the services provided;
 - c. Those **persons** providing emergency medical care to the **client**;
 - d. An organization that accredits **behavioral health service** agencies and with whom the **licensee** has an agreement requiring the organization to protect the confidentiality of **client** information;
 - e. A **person** that provides billing, claims management, medical data processing, utilization review or other administrative services to the **licensee** and with whom the **licensee** has an agreement requiring the **person** or entity to protect the confidentiality of patient information;
 - f. The **licensee's** legal representative for the purpose of securing legal advice;
 - g. To the **client's** third party payor or the payor's contractor to obtain reimbursement for **behavioral health services**, medical services, nursing services or health-related services provided to the **client**;
 - h. **Persons** authorized by court order or a grand jury as directed by a subpoena;
 - i. Governmental or law enforcement agencies if necessary to:
 - i. Secure the return of a **client** who is missing from the **behavioral health adult therapeutic home**,
 - ii. Report a crime on the **premises** of the **behavioral health adult therapeutic home**, or
 - iii. Avert a serious and imminent threat to an individual or the public;
 - j. A state department that licenses **health professionals** and requires these records in the course of investigating **complaints** against a **health professional**;
 - k. The Department; and
 - l. A **person** maintaining health statistics for public health purposes;
9. Each **disclosure** of a **client record** or **client** information made without written

authorization is documented in the **client record**, including:

- a. The name of the **behavioral health adult therapeutic home** disclosing the **client record** or **client** information;
 - b. The purpose of the **disclosure**;
 - c. The individual, **behavioral health service agency**, or entity requesting or receiving the **client record** or **client** information;
 - d. A description of the **client record** or **client** information to be released or **disclosed**;
 - e. The date the **disclosure** was made; and
 - f. The signature of the individual making the **disclosure**;
10. A written authorization for the release of a **client record** or **client** information from the **client** or the **client designee**:
- a. Includes:
 - i. The name of the **behavioral health adult therapeutic home** disclosing the **client record** or **client** information;
 - ii. The purpose of the **disclosure**;
 - iii. The individual, **behavioral health service agency**, or entity requesting or receiving the **client record** or **client** information;
 - iv. A description of the **client record** or **client** information to be released or **disclosed**;
 - v. A statement indicating authorization and understanding that authorization may be revoked at any time;
 - vi. The date or condition when the authorization expires;
 - vii. The date the authorization was signed; and
 - viii. The signature of the **client** or the **client designee**;
 - b. Is:
 - i. Obtained before a **client record** or **client** information is released or **disclosed**;
 - ii. In a language understood by the individual signing the written authorization; and
 - iii. Documented and maintained in the **client record**;
11. A deceased **client**'s record is **disclosed** according to A.R.S. § 12-2294(D);
12. A **client record** is **available** for review during the **behavioral health adult therapeutic**

home's administrative hours of operation or at another time agreed upon by the **licensee** upon written request by the **client** or the **client designee**;

13. The written request in subsection (12) is documented in the **client record**, including:
 - a. The **licensee's** response to the request, and
 - b. The date and time when the **client record** was reviewed;
14. A **client record**:
 - a. Is established and maintained for each **client**;
 - b. Is protected at all times from loss, damage, or unauthorized alteration;
 - c. If maintained other than electronically, is stored in a locked container or area;
 - d. If maintained electronically, is protected from unauthorized access;
 - e. If stored off the **premises** of the **behavioral health adult therapeutic home**, is maintained according to R9-20-1507(C)(1)(d);
 - f. Does not contain information about another **client** or individual unless the information impacts the **treatment** to the **client**;
 - g. Contains original documents and original authentication, except for **documentation** provided to the **licensee** by other **persons** providing care to the **client**;
 - h. Is retained after the **client's discharge** according to A.R.S. § 12-2297; and
 - i. Is disposed of in a manner that protects **client** confidentiality;
15. There are policies and procedures that include:
 - a. The length of time a **client record** is maintained at the **behavioral health adult therapeutic home**; and
 - b. The maximum time-frame to retrieve an onsite or off-site **client record** at the request of the **licensee** or an individual who assumes the **licensee's** duties; and
16. A **client record** is provided to the Department:
 - a. As soon as possible but not more than four hours from the time of the Department's request for the record of a **current client**,
 - b. As soon as possible but not more than four hours from the time of the Department's request if the **client** was **discharged** within 12 months from the date of the Department's request, or
 - c. Within 24 hours from the time of the Department's request if the patient was **discharged** more than 12 months from the date of the Department's request.

B. A licensee of a **behavioral health adult therapeutic home** shall ensure that a **client record**

contains:

1. The **client** information required in R9-20-1509(C)(2);
2. The **client's general consent to admission** required in R9-20-1509(B)(1);
3. If **client** is participating in **research** or **treatment** that is not a **professionally recognized treatment**, a copy of the **client's informed consent** to participate in the **research** or the **treatment**;
4. If the **client** is ordered by a court to receive **behavioral health adult therapeutic home care services**, a copy of the court order;
5. **Documentation** that the **client** may refuse medical **treatment**, according to R9-20-1520(A)(5)(d);
6. **Documentation** that the **client** is free from infectious pulmonary tuberculosis required in R9-20-1509(B)(3) and (B)(4);
7. **Documentation** of the **client orientation**;
8. The written acknowledgement of the receipt of a written list and verbal explanation of **client** rights, according to R9-20-1520(B);
9. **Documentation** that the **client** was informed of any fees the **client** is responsible for;
10. **Documentation** of the **licensee's** review of the **client's assessment** and **treatment plan**;
11. **Progress notes**;
12. The **client's assessment** and any updates to the **assessment**;
13. The **client's treatment plan** and any updates to the **treatment plan**;
14. **Documentation** of **assistance in the self-administration of medication**, according to R9-20-1511(C)(6) through R9-20-1511(C)(8);
15. For each client **medication**, a copy of the following information obtained from a **pharmacist** or **medical practitioner**:
 - a. Date the **medication** prescription was filled;
 - b. Name and address of the **client** for whom the **medication** is prescribed;
 - c. **Medication** name, strength and **route of administration**;
 - d. Name of the **medication's** manufacturer or distributor if the **medication** is a generic;
 - e. Prescribing **medical practitioner's** directions for use;
 - f. Quantity prescribed;
 - g. For a prescription order of a controlled substance, the **medical practitioner's** address and DEA number;

- h. The prescribing **medical practitioner's** name;
- 16. **Documentation** of a **client time out**;
- 17. **Documentation** of an **incident** of **out-of-control behavior**;
- 18. **Clinical guidance**, documented according to R9-20-1510(9);
- 19. Information or records provided by or obtained from another individual, **behavioral health service agency**, or entity regarding the **client**;
- 20. **Documentation** of:
 - a. Written authorization to release a **client record** or **client** information, according to subsection (A)(5)(b),
 - b. A request to release the **client record** and of the resolution of the request, and
 - c. The release of a **client record** or **client** information, according to subsection (A)(5)(a);
- 21. **Documentation** of a **relief person's** responsibility for the **client** according to R9-20-1513(A)(3);
- 22. **Documentation** of who manages the **client's** funds;
- 23. If the **client** has a **personal funds account**, the **client's** **personal funds account** record;
- 24. **Documentation** of a **client's** **transfer**, according to R9-20-1512(C); and
- 25. **Documentation** of a **client's** **discharge**, including the **discharge summary** and **discharge plan**.

R9-20-1515. Time Out

A licensee shall:

- 1. Ensure that a **time out**:
 - a. Takes place in an area that is unlocked, lighted, quiet, and private;
 - b. Is time limited and does not exceed two hours per **incident** or four hours per **day**, unless the **client** indicates that the **client** would like to extend the **time out**;
 - c. Does not result in a **client** missing a meal if the **client** is in **time out** at mealtime;
 - d. Includes monitoring of the **client** by the **licensee** at least once every 15 minutes to ensure the **client's** health, safety, and welfare and to determine if the **client** is ready to leave **time out**; and
 - e. Is documented in the **client record**, to include:
 - i. The date of the **time out**;
 - ii. The reason for the **time out**;
 - iii. The duration of the **time out**, including **documentation** of the **client's**

- request to extend the duration of the **time out**;
2. Obtain **clinical guidance** from the **treatment team** regarding the **client's** use of **time out**, including methods for reducing the **client's** use of **time out**; and
 3. Document the action planned and taken by the **licensee** to prevent the use of **time out** in the future in the **client record**.

R9-20-1516. Out-of-Control Behavior

A. A licensee shall:

1. Complete a **nationally recognized** training in how to respond to **out-of-control behavior** every 12 months that includes:
 - a. Techniques to identify behaviors, events, and environmental factors that may trigger **out-of-control behavior**;
 - b. The use of nonphysical intervention skills, including:
 - i. De-escalation,
 - ii. Mediation,
 - iii. Conflict resolution,
 - iv. Active listening, and
 - v. Verbal and observational methods;
 - c. The safe use of a **personal restraint** as a last resort response to **out-of-control behavior**, including skills and knowledge in:
 - i. **Personal restraint** methods so that a **client** is never held in a prone position;
 - ii. Recognizing the signs of physical distress in a **client** who is restrained; and
 - iii. Identifying specific **client** behavioral changes that indicate that a **personal restraint** is no longer necessary;
2. Document training in responding to **out-of-control behavior**, including the signature of a member of the **treatment team** indicating that the training was completed; and
3. Maintain **documentation** of the training for individuals trained in responding to **out-of-control behavior** at the **behavioral health adult therapeutic home** and provide the **documentation** to the Department for review as soon as possible but not more than two hours from the time of the Department's request;

B. If there is an incident of out-of-control behavior, the licensee shall:

1. Respond to the **out-of-control behavior** according to:

- a. The **behavioral health adult therapeutic home's** policy and procedure;
 - b. The **licensee's** training in how to respond to **out-of-control behavior**; and
 - c. R9-20-1520(A)(5)(c)(viii);
2. Within 24 hours of the **incident**, contact:
- a. The **treatment team** and document the contact with the **treatment team** in the **client record**; and
 - b. **OBHL** according to R9-20-1518;
3. In addition to the **clinical guidance** in R9-20-1510(5), review the **incident** with the **treatment team** and obtain **clinical guidance** within 30 **days** from the date of the **incident of out-of-control behavior**, including:
- a. The date of the **incident**;
 - b. The name of the **client** who exhibited **out-of-control behavior**;
 - c. The names of any other individuals involved in the **incident**;
 - d. The factors **immediately** before the **incident of out-of-control behavior** that may have triggered the **out-of-control behavior**;
 - e. The method used to end the **out-of-control behavior**;
 - f. The outcome of the **incident**;
 - g. Whether the individual's response to the **incident** was consistent with the **behavioral health adult therapeutic home's** policy and procedure for **incidents of out-of-control behavior** established according to R9-20-1507(C)(1)(q);
 - h. Actions the **licensee** shall take to reduce **out-of-control behavior** in the future, such as:
 - i. Additional training,
 - ii. Changes to the **behavioral health adult therapeutic home's** policy and procedure for **incidents of out-of-control behavior**, or
 - iii. Changes to the **behavioral health adult therapeutic home care services** provided to the **client**;
 - i. Any updates to the **crisis plan** the **licensee** received according to R9-20-1509(A)(5);
 - j. Whether a **client's treatment plan** shall be reviewed or revised to ensure that the **client's treatment** is meeting the **client's treatment** needs; and
 - k. Whether a **client** is appropriately placed at the **behavioral health adult therapeutic home**;

4. Document the review in the **client record**, including any updates to the **client's assessment or treatment plan**;
5. If the review in subsection (3) determines that the **client** is not appropriately placed at the **behavioral health adult therapeutic home**, ensure that the **client** is **discharged** according to R9-20-1512; and
6. Obtain **clinical guidance** according to R9-20-1510(5) regarding techniques for managing future **out-of-control behavior**.

R9-20-1517. Client Funds

A. A licensee shall:

1. Document in the **client record** whether a **client's** funds are managed by:
 - a. The **client**;
 - b. The **client designee**; or
 - c. The **licensee** through:
 - i. A **representative payee** agreement established and administered as required by the Social Security Administration, including a copy of the agreement in the **client record**, or
 - ii. A **personal funds account** established and administered according to this Section; and
2. Ensure that the **client's** funds are **available** to the **client** when a **relief person** assumes the **licensee's** duties; and
3. Notify the **treatment team** and the **client designee**, according to R9-20-1510(2)(d), to take responsibility for a **client's** financial affairs if the **client** is incapable of handling financial affairs.

B. A licensee that manages **client** funds through **personal funds accounts** shall ensure that a policy and procedure is developed, documented in written form, and implemented as written for:

1. Using **client** funds in a **personal funds account**, including:
 - a. When funds may be withdrawn;
 - b. The permitted uses for **client** funds in a **personal funds account**;
2. Protecting **client** funds in a **personal funds account**, including:
 - a. Details of the interest bearing account for **client** funds over \$250, including when the **client** may receive the accrued interest, and
 - b. A procedure for ensuring the security of client funds and **personal funds account** records;

3. Investigating a **grievance** about the use of **client** funds in a **personal funds account** and ensuring that the **grievance** is investigated by an individual who:
 - a. Is not a member of the **licensee**'s household,
 - b. Is not related to the **licensee**,
 - c. Has no interest in the **client** funds, and
 - d. Has no interest in the outcome of the investigation;
4. Maintaining a record for each deposit into and withdrawal from a **personal funds account**;
5. Processing each deposit into and withdrawal from a **personal funds account**; and
6. Instructing the **relief person** in managing the **client's personal funds account**.

C. A **licensee** shall ensure that:

1. A **personal funds account** is only initiated after receiving a written request that:
 - a. Is provided voluntarily, after a review of the **licensee**'s policy and procedure regarding **client** funds accounts, by:
 - i. The **client**,
 - ii. The **client designee**, or
 - iii. A court of competent jurisdiction;
 - b. May be withdrawn at any time by the **person** who initiated the written request;
 - c. Is maintained in the **client record**;
 - d. Indicates:
 - i. Permitted uses for funds in the **personal funds account**,
 - ii. Who can withdraw funds from the **personal funds account**,
 - iii. How often funds may be withdrawn,
 - iv. How much money may be withdrawn at a time,
 - v. Who may receive a copy of a **client's personal funds account** record,
 - vi. Who should receive a copy of the **client's personal funds account** record according to subsection (11), and
 - vii. Who should receive the balance of the **client's personal funds account** at the time of the **client's discharge**;
2. A record for each **client's personal funds account** is established, accurately maintained, and added to the **client record**, including:
 - a. A ledger documenting all deposits and withdrawals,
 - b. Copies of receipts for all purchases made by the **licensee** using **client** funds from

- the **personal funds account**;
3. No more than \$250 in a **client**'s funds is maintained at the **behavioral health adult therapeutic home**;
 4. **Personal funds accounts** monies in excess of \$250 are maintained in an interest-bearing bank account for each **client** and the accrued interest attributable to the **client**'s funds are the property of the **client**;
 5. A **client** receives the accrued interest attributable to the **client**'s funds according to subsection (B)(2)(a);
 6. A **personal funds account** is maintained separately from any other account at the **behavioral health adult therapeutic home**;
 7. A separate **personal funds account** is established for each **client** requesting a **personal funds account** according to subsection (1);
 8. Except for fees that a **client** is responsible to pay and is notified of upon **admission** and any change in fees, a **client**'s funds in a **personal funds account** are not used for items, **behavioral health adult therapeutic home care services**, or **ancillary services** that the **behavioral health adult therapeutic home** is required to provide;
 9. A withdrawal from a **client**'s **personal funds account**:
 - a. Is made only with written authorization from the **person** able to authorize a withdrawal, according to subsection (C)(1)(d)(ii);
 - b. Is only made for the use and benefit of the **client**;
 - c. Is not made for the purpose of enabling a **client** to purchase something that would place the **client** or another individual in **immediate** danger; and
 - d. Is **immediately** documented in the **client**'s **personal funds account** ledger, including:
 - i. The date of the withdrawal,
 - ii. The amount of the withdrawal,
 - iii. The name of the individual or entity requesting or authorizing the withdrawal,
 - iv. The purpose of the withdrawal, and
 - v. The signature of the **licensee**;
 10. A deposit to a **client**'s **personal funds account** is **immediately** documented in the **client**'s **personal funds account** ledger, including:
 - a. The date of the deposit,

- b. The amount of the deposit,
 - c. The name of the individual making the deposit, and
 - d. The signature of the **licensee**;
- 11. A copy of a **client's personal funds account** record is provided to the **person** indicated in subsection (1)(d)(vi) at least once every three months;
 - 12. **Documentation** is made each time that a copy of a **client's personal funds account** record is provided to a **person** indicated in subsections (1)(d)(v) or (1)(d)(vi), including:
 - a. The name of the individual or entity to whom the record was provided,
 - b. The name of the individual providing the record, and
 - c. The date that the record was provided;
 - 13. At the time of a **client's discharge**, the balance of the **client's** funds in the **client's personal funds account** and a copy of the **client's personal funds account** record are provided to the **person** indicated in subsection (1)(d)(vii).
- D.** A **licensee** who is not a **family member** of the **client** shall not have a direct or indirect ownership or survivorship interest in a **client's personal funds account**, and when the **licensee** becomes aware that an ownership interest or survivorship interest for the benefit of the **licensee** has been created, the **licensee** shall inform the **person** who made the written request in subsection (C)(1) of the ownership or survivorship interest and shall:
- 1. Close the **client's personal funds account** according to subsection (C)(13); or
 - 2. Obtain the written permission of the **person** in subsection (C)(1) to continue managing the **client's personal funds account**, including a signed statement that the **person** is aware of the **licensee's** ownership or survivorship interest and wishes the **licensee** to continue managing the **client's personal funds account**.

R9-20-1518. Required Reports

A **licensee** shall:

- 1. Notify the **OBHL** within 24 hours of learning that a **client** has experienced any of the following:
 - a. Death;
 - b. Any of the following that occurred on the **premises** or during a **licensee-sponsored** activity off the **premises** that requires medical services by a **medical practitioner** or **immediate** intervention by an emergency response team or a **medical practitioner**:
 - i. A **medication error** or an adverse reaction to a **medication**;

- ii. A suicide attempt or a self-inflicted injury;
 - iii. A physical injury that occurred on the **premises**; or
 - iv. Food poisoning resulting from food provided by the **behavioral health adult therapeutic home**;
 - c. Suspected or alleged **abuse, neglect, or exploitation** of the **client** or a violation of the **client's** rights;
 - d. An unauthorized absence from the **behavioral health adult therapeutic home**;
or
 - e. A physical injury that occurred as the result of a **client's out-of-control behavior**;
- 2. Notify the **treatment team** within 24 hours of learning of an incident listed in subsection (1);
 - 3. Document the notifications required in subsections (1) and (2) and maintain **documentation** of the notification at the **behavioral health adult therapeutic home** for at least 12 months after the date of the notification;
 - 4. Investigate an **incident** required to be reported according to subsection (1) and develop a written **incident** report containing:
 - a. The **behavioral health adult therapeutic home** name and **license** number;
 - b. A description of the **incident**, including:
 - i. The date and time of the **incident**;
 - ii. The location of the **incident**;
 - iii. The events leading up to the **incident**;
 - iv. Unless otherwise prohibited by law, a description of each **client** involved in or affected by the **incident**, including the **client's**:
 - (1) Name or **identifier code**,
 - (2) Date of **admission**,
 - (3) Age or date of birth,
 - (4) **Current diagnosis**,
 - (5) **Medical condition**,
 - (6) Behavior **immediately** preceding the **incident**, and
 - (7) Physical health **immediately** preceding the **incident**;
 - v. The names of individuals who observed the **incident** or, if **disclosure** of the names is prohibited by law, the **identifier code** for the individuals

- who observed the **incident**;
- vi. The details of the **incident**; and
 - vii. The actions taken by the **licensee** at the time of the **incident**, including a list of:
 - (1) Any law enforcement organization or emergency medical services provider contacted by the **licensee** and the date and time the organization or provider was contacted,
 - (2) Any **medical practitioner** contacted by the **licensee** and the date and time the **medical practitioner** was contacted, and
 - (3) Any other individuals contacted by the **licensee** and the date and time the individual was contacted;
 - c. If a **medical practitioner** was contacted, a description of the **medical practitioner's** examination, finding, or **order**;
 - d. A description of the action taken by the **licensee** to prevent a similar **incident** from occurring in the future;
 - e. The signature and professional credential or job title of the individual or individuals preparing the written **incident** report;
 - f. The signature and professional credential of a member of the **treatment team** indicating that the **treatment team** reviewed the written **incident** report; and
 - g. The date the written **incident** report was signed by the individual preparing the report and by the **treatment team**;
- 5. Submit a copy of the written **incident** report in subsection (3) to the **OBHL** within five **working days** after the initial notification in subsection (1);
 - 6. Report an act that is a criminal offense according to A.R.S. Title 13 and that occurs on the **premises** or during a **licensee**-sponsored activity off the **premises** to the law enforcement organization having jurisdiction;
 - 7. Within five **days** of the report in subsection (5), document the criminal offense, including:
 - a. The details of the criminal offense,
 - b. The law enforcement organization the criminal offense was reported to, and
 - c. The date of the report;
 - 8. Maintain the written **incident** report in subsection (3) and the **documentation** of the criminal offense in subsection (6) at the **behavioral health adult therapeutic home** for

at least 12 months after the date of the written **incident** report or the **documentation** of the criminal offense:

- a. Separately from the **client record** or in a portion of the **client record** that is only accessible to the **licensee**, and
 - b. In a manner that protects **client** confidentiality;
9. Provide the **documentation** in subsection (7) to the Department for review as soon as possible but not more than two hours from the time of the Department's request; and
 10. Dispose of the records in a manner that protects **client** confidentiality.

R9-20-1519. Communicable Diseases

A. A **licensee** shall comply with:

1. **Communicable disease** reporting requirements in A.A.C. Title 9, Chapter 6, Article 2; and
2. **Communicable disease** control measures in A.A.C. Title 9, Chapter 6, Article 3, applicable to the licensee.

B. In addition to the requirements in subsection (A), a **licensee** shall notify **OBHL** within 24 hours of discovering that a **client** or other individual in the **behavioral health adult therapeutic home** has one of the following:

1. Rabies,
2. Tuberculosis,
3. Amebiasis,
4. Enterohemorrhagic *Escherichia coli*,
5. Enterotoxigenic *Escherichia coli*,
6. Salmonellosis,
7. Giardiasis,
8. *Haemophilus influenzae*: invasive disease,
9. Hepatitis A,
10. Measles (rubeola),
11. Meningococcal invasive disease,
12. Mumps,
13. Pertussis,
14. Rubella (German measles),
15. Scabies, and
16. Shigellosis.

- C. The notification in subsection (B) shall include:
1. The name of the **communicable disease**, and
 2. The action taken by the **licensee** to protect the health and safety of **clients** or other individual in the **behavioral health adult therapeutic home**.

R9-20-1520. Client Rights

- A. A **licensee**:
1. Shall not discriminate against a **client** based on race, national origin, religion, gender, age, disability, marital status, sexual orientation, **diagnosis**, or source of payment;
 2. Unless a **client** has been adjudicated incompetent or a court of competent jurisdiction has found that the **client** is unable to exercise a specific right or category of rights, shall not prevent or impede a **client** in exercising the **client's** civil rights, including the right to:
 - a. Dispose of property,
 - b. Sue and be sued,
 - c. Enter into contractual relationships,
 - d. Vote; and
 - e. Seek, speak to, and be assisted by legal counsel of the **client's** choice;
 3. Shall not prevent the **client** from:
 - a. Seeking employment,
 - b. Resuming or continuing an occupation, and
 - c. Obtaining or retaining a **license**, such as:
 - i. A motor vehicle **license**, including a motor vehicle operators or chauffeurs licenses; or
 - ii. A professional or occupational **license**;
 4. Shall ensure that a **client** receives **behavioral health adult therapeutic home care services** that:
 - a. Support the **client's** individuality, choices, personal liberty, strengths, and abilities;
 - b. Are provided in the least restrictive environment that meets the **client's** needs;
 - c. Only restrict the **client's** personal liberty:
 - i. According to a court order,
 - ii. By the **client's** written agreement, or
 - iii. As permitted in this Article;
 - d. Are provided in a manner that allows the **client's family members** or the **client**

designee, according to R9-20-1510(2)(d), to participate in the provision of **behavioral health adult therapeutic home care services** when:

- i. The **licensee** and the **treatment team** determine that the **family members'** or the **client designee's** participation is appropriate, and
- ii. The **licensee** documents the determination in the **client record**;

5. Shall ensure that a **client**:

- a. Is provided privacy while the **client** receives **behavioral health adult home care services**;
- b. Is not fingerprinted, photographed, or recorded by the **licensee**, except:
 - i. As permitted by A.R.S. § 36-507(2); and
 - ii. As required by the Department for licensing purposes;
- c. In the **behavioral health adult therapeutic home** and while receiving **behavioral health adult therapeutic home care services**, is free from:
 - i. **Abuse**;
 - ii. **Neglect**;
 - iii. **Exploitation**;
 - iv. Coercion;
 - v. Manipulation;
 - vi. Retaliation for submitting a **complaint**;
 - vii. **Treatment** or **behavioral health adult therapeutic home care services** that involve the denial of food, the opportunity to sleep, or the opportunity to use the toilet; and
 - viii. A **drug used as a restraint**, a **mechanical restraint**, a **personal restraint**, or **seclusion**;
- d. May refuse **treatment** and medical care except during a **medical emergency**;
- e. May participate or refuse to participate in **research** or experimental **treatment**;
- f. May refuse to participate in religious activities or may practice the **client's** religion, except that the practice of the **client's** religion may not interfere with the operation of the **behavioral health adult therapeutic home**;
- g. Is not prevented from performing the **client's recreational activity** of choice, unless the **treatment team** prohibits the **client** from performing the **recreational activity** and that prohibition is documented in the **client record**;
- h. Is not required to perform **labor** for the **licensee**, except for:

- i. **Labor** that is indicated by the **client's treatment plan**, and
 - ii. Housekeeping activities or activities to maintain health and personal hygiene;
- i. Is compensated according to state and federal law for **labor** that:
 - i. The **licensee** requests that the **client** perform;
 - ii. Is not in the **client's treatment plan**; and
 - iii. Is not a housekeeping activity or an activity to maintain health and personal hygiene
- j. May wear the **client's** own clothing and use the **client's** own personal possessions;
- k. Is permitted to spend a sum of the **client's** own money for the **client's** needs;
- l. May receive **visitors** according to R9-20-1507(C)(1)(w);
- m. May refuse to acknowledge gratitude to the **behavioral health adult therapeutic home** through written statements, other media, or speaking engagements at public gatherings;
- n. Has access to a telephone to make and receive confidential calls according to R9-20-1507(C)(1)(x), except that the **licensee** may restrict the **client's** access to the telephone if:
 - i. The **licensee** is notified by the **person** receiving calls from a **client** that the **person** is being harassed and wishes the calls to cease; or
 - ii. The **licensee** and the **treatment team** determine that the **client's** access to the telephone should be restricted; and
 - iii. The **licensee** documents the restriction of the **client's** access to the telephone in the **client record**;
- o. Has access to the amount of stationery and postage determined appropriate by the **treatment team**; and
- p. Is permitted to correspond by mail, except that the **licensee** may restrict the **client's** correspondence if:
 - i. The **licensee** is notified by the **person** receiving correspondence from a **client** that the **person** is being harassed and wishes the correspondence to cease; or
 - ii. The **licensee** and the **treatment team** determine that the **client's** correspondence should be restricted; and

- iii. The **licensee** documents the restriction of the **client's** correspondence in the **client record**;
- 6. Shall ensure that a **client** is not prevented from receiving assistance in understanding, protecting, or exercising the **client's** rights from:
 - a. A **family member**;
 - b. A **client designee**, according to R9-20-1510(2)(d); or
 - c. If the **client** is enrolled by the Department or a **regional behavioral health authority** as an individual who is **seriously mentally ill**, a **human rights advocate**;
- 7. The **client** or the **client designee**, according to R9-20-1510(2)(d), is not prevented from:
 - a. Participating in reviewing and updating of the **client's assessment** and **treatment plan**;
 - b. Reviewing and updating the **behavioral health adult therapeutic home care services** provided to the **client**; and
 - c. Reviewing the **client record** according to R9-20-1514(A);
- 8. The following documents are **available** at the **behavioral health adult therapeutic home** for the **client** to review:
 - a. This Article
 - b. The statement of deficiencies from the most recent Department inspection;
 - c. The statement of deficiencies from the most recent Department compliance inspection; and
 - d. A **current** plan of correction from the Department, if applicable.
- B.** At the time of the **client's admission**, the **licensee** shall ensure that:
 - 1. A **client** and the **client designee**, according to R9-20-1510(2)(d), receives an explanation of and a written list of:
 - a. The **client** rights listed in subsection (A);
 - b. Any **licensee** policies and procedures related to the **client** rights in subsection (A); and
 - c. If the **client** is an individual who is enrolled by the Department or a **regional behavioral health authority** as an individual who is **seriously mentally ill**, the rights contained in 9 A.A.C. 21;
 - 2. If the **client** does not speak English or has a mobility impairment, sensory impairment, or other physical disability, the information in subsection (B)(1) is communicated according

to the **client's** language, mobility impairment, sensory impairment, or other physical disability;

3. A **client** is informed that:
 - a. The **client's** information and the **client's** record are confidential and the **licensee** will release the **client's** information and the **client's** record only as permitted under R9-20-1514;
 - b. The **client** may request that information in the **client record** be **disclosed** to the **client**;
 - c. If the **client** exercises the **client's** right to legal counsel in subsection (A)(1)(b)(v), the **licensee** is not financially responsible for any of the **client's** legal expenses;
 - d. The **client** may be required to pay the **behavioral health adult therapeutic home** for phone calls according to R9-20-1507(C)(1)(x); and
 - e. If the **client** has a **medical emergency** in the **behavioral health adult therapeutic home**, the **licensee** will respond to the **client's medical emergency** according to R9-20-1507(C)(1)(p);
 4. A **client** is informed of the **behavioral health adult therapeutic home's** grievance policy including:
 - a. The telephone number of a member of the **treatment team** to contact regarding grievances; and
 - b. The Department's telephone number if the **behavioral health adult therapeutic home** is unable to respond to or resolve the **grievance**;
 5. A **client** or the **client designee**, according to R9-20-1510(2)(d), acknowledges, in writing:
 - a. Receipt of the written list and verbal explanation required in subsection (B)(1);
 - b. Receipt of the information in subsections (B)(2) and (B)(3);
 6. The acknowledgement in subsection (B)(5) is documented in the **client record**, including:
 - a. The date acknowledgement is signed; and
 - b. If applicable, an explanation of the assistance provided to a **client** who does not speak English or who has a physical or other disability.
- C. The **licensee** shall ensure that the **client**:
1. May submit grievances and **complaints** without constraint or retaliation; and

2. Has grievances considered according to the steps and deadlines in the **licensee's grievance** policy and procedure required in R9-20-1507(C)(1)(t).

R9-20-1521. Transportation

A. A **licensee** of an **adult** therapeutic home that uses a vehicle owned or leased by the **licensee** to transport a **client** shall ensure that:

1. The vehicle:
 - a. Is maintained in a mechanically safe condition;
 - b. Is clean enough for the vehicle to be operated safely;
 - c. Has a working heating system;
 - d. Has a working air conditioning system;
 - e. Is registered by the Arizona Department of Transportation according to A.R.S. Title 28, Chapter 7, Article 5;
 - f. Has **current** insurance coverage according to A.R.S. Title 28, Chapter 9; and
 - g. Contains a first aid kit that meets the requirements in R9-20-1522(I);
2. **Documentation** of vehicle insurance is maintained in the vehicle;
3. **Documentation** of each inspection or repair is maintained in the vehicle or at the **behavioral health adult therapeutic home** for 12 months from the date of the inspection or repair;
4. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a **current** and valid driver **license**;
 - c. Carries the driver **license** with the driver while transporting a **client**;
 - d. Is the **licensee**, a household member who assumes the licensee's duties, or a **relief person**, if the **client** will require **behavioral health adult therapeutic home care services** while the **client** is away from the **behavioral health adult therapeutic home**;
 - e. Does not wear headphones or use a telephone while operating the vehicle;
 - f. Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;
 - g. Does not leave a **client** in the vehicle if the driver or another individual authorized by the driver is not present, when:
 - i. The **client** is a threat to the health, safety, or welfare of the **client** or

- another individual; or
 - ii. The **client** cannot safely exit the vehicle without the assistance of the driver or another individual authorized by the driver; and
 - iii. The **client** is incapable of ensuring the **client's** health and safety;
 - h. Operates the vehicle in accordance with the traffic laws in A.R.S. Title 28, Chapter 3;
 - i. Ensures that each **client** is loaded into or unloaded from the vehicle away from moving traffic at curbside, or in a driveway, parking lot, or other location designated for that purpose; and
 - j. Assists **clients** who cannot safely get in to or exit from the vehicle;
 - 5. While a **client** is being transported:
 - a. Each seat in a vehicle is securely fastened to the vehicle,
 - b. Each seat provides sufficient space for a **client's** body,
 - c. Each individual in the vehicle is sitting in a seat while the vehicle is in motion,
 - d. Each **client** is secured in a seat belt before the vehicle is set in motion and while the vehicle is in motion, and
 - e. There is sufficient water in the vehicle to meet the needs of each **client** in the vehicle;
 - 6. **Documentation** of the driver's age and **documentation** of the driver's **current** and valid driver **license** is maintained at the **behavioral health adult therapeutic home**;
- B.** A licensee of an **adult** therapeutic home shall ensure that:
- 1. A **client** receives transportation to:
 - a. Medical services identified in the **client's treatment plan**; and
 - b. **Treatment** identified in the **client's treatment plan** or **assessment**;
 - 2. A **client** is transported with:
 - a. **Emergency** information, including:
 - i. The **client's** name;
 - ii. **Medication** information, including:
 - (1) The name, dosage, **route of administration**, and directions for each **medication** needed by the **client** during the anticipated duration of the transportation; and
 - (2) A list of the **client's current medications**;
 - iii. The **client's** allergies;

- iv. The **client**'s insurance information;
 - v. Contact information for:
 - (1) The **client designee**, according to R9-20-1510(2)(d); and
 - (2) The **client's treatment team**;
 - b. Any **medications** the **client** requires while the **client** is away from the **behavioral health adult therapeutic home**; and
- 3. If the **client** is transported by someone other than the **licensee**, the driver has contact information for the **licensee**, including the **licensee's** name and a phone number where the **licensee** may be reached during the time the **client** is transported.

R9-20-1522. Environmental Standards

A. A licensee shall ensure that:

- 1. A **behavioral health adult therapeutic home's premises and furnishings** are:
 - a. In good repair;
 - b. Clean; and
 - c. Free of:
 - i. Odors, such as from urine or rotting food;
 - ii. Insects and rodents;
 - iii. Accumulations of garbage or **refuse**; and
 - iv. **Hazards**;
- 2. The **behavioral health adult therapeutic home's premises** have:
 - a. Space for each **client** to accommodate the activities and **behavioral health adult therapeutic home care services** in:
 - i. The **behavioral health adult therapeutic home's program description**, and
 - ii. The **client's treatment plan**;
 - b. An indoor common area that is not used as a sleeping area, and that has:
 - i. A working telephone that allows a **client** to make a confidential telephone call;
 - ii. A distortion-free mirror made of unbreakable glass;
 - iii. A **current** calendar and a working clock that displays the correct time;
 - iv. A variety of books, **current** magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of **clients** as determined by the **licensee** and the

treatment team;

- v. A working television and a working radio;
 - vi. Space that accommodates the social and recreational needs of all **clients**; and
 - vii. Space for private conversations and group activities;
 - c. A dining room or dining area that:
 - i. Is lighted and ventilated,
 - ii. Contains tables and seats, and
 - iii. Is not used as a sleeping area;
 - d. At least one working toilet that flushes and one sink with running water;
 - e. At least one working bathtub or shower, with a slip resistant surface;
 - f. A separate lockable storage space for each **client** according to the **behavioral health adult therapeutic home's** policy and procedure;
 - g. An outdoor area that:
 - i. Is accessible to **clients**,
 - ii. Has sufficient space to accommodate the social and recreational needs of **clients**, and
 - iii. Has shaded and unshaded areas;
3. A heating and cooling system maintains the facility at a temperature between 65° F and 85° F;
4. Water is **available** and accessible to a **client** at all times unless otherwise indicated in the **client's treatment plan**;
5. Hot water provided for the **client's** use:
 - a. Is maintained between 90° F and 120° F;
 - b. Is sufficient for:
 - i. Each **client's** daily personal hygiene needs; and
 - ii. The laundry, cleaning, and sanitation requirements in this Article;
6. Each common area of the facility has lighting sufficient to allow the **licensee** to monitor **client** activity;
7. Clean linens and bath towels are provided to a **client** as needed and at least once every seven **days**;
8. One of the following is **available** to ensure that **client** clothing can be cleaned:
 - a. A working washing machine and dryer on the **premises**,

- b. A **licensee**-provided process for cleaning clothing, or
 - c. A **licensee**-provided process for transporting a **client** to a building with washing machines and dryers that a **client** can use;
 - 9. If a **licensee** stores soiled linen and clothing, the soiled clothing and linen are in covered containers or closed plastic bags away from a food preparation or food storage area or a dining area;
 - 10. **Refuse** is:
 - a. Stored in covered containers or in plastic bags, and
 - b. Removed from the **premises** at least once a week;
 - 11. If an **animal** is kept on the **premises**:
 - a. The pet or other **animal** is controlled to prevent endangering a **client** or another individual;
 - b. The home is maintained to avoid odors from rotting **animal** food or excess **animal refuse**,
 - c. Water provided to the **animal** is free of algae, insects, and particulate matter; and
 - d. A cage or aquarium where the **animal** is kept is maintained to prevent contamination of food for human consumption;
 - 12. If a dog, cat, or ferret is on the **premises**, the dog, cat, or ferret has a **current** immunization against rabies, as documented by:
 - a. A rabies immunization certificate from a veterinarian licensed under 3 A.A.C. 11;
 - b. A receipt for an immunization against rabies, showing the administration of a rabies vaccine; or
 - c. A dog **license** issue by a local government agency;
 - 13. If the **licensee** indicates in the **behavioral health adult therapeutic home's program description** that the home can accommodate a **client** with a mobility impairment, sensory impairment, or other physical disability, the **licensee** shall ensure that the home is accessible to the **client**, such as a ramp for a **client** in a wheelchair.
- B.** Except as permitted in A.R.S. § 36-601.01, the **licensee** shall provide **behavioral health adult therapeutic home care services** in a smoke-free facility.
- C.** A **licensee** shall ensure that a **client's** sleeping area is in a bedroom that:
- 1. Meets one of the following:
 - a. Is a private bedroom that contains at least 60 square feet of floor space, not

- including the closet; or
- b. Is a shared bedroom that:
 - i. Is shared by no more than four individuals;
 - ii. Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - iii. Provides at least three feet of space between beds;
- 2. Has walls from floor to ceiling;
- 3. Contains a door that opens into a hallway, common area, or the outside;
- 4. Is constructed and furnished to provide unimpeded access to the door;
- 5. Is not used as a passageway to another bedroom or a bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
- 6. Contains the following for each **client**:
 - a. An individual storage space, such as a dresser or chest;
 - b. A closet, wardrobe, or equivalent space for hanging clothes;
 - c. A writing surface such as a desk or a table, according to the client's treatment plan;
 - d. Lighting sufficient for the **client** to read;
 - e. A bed that:
 - i. Consists of at least a mattress and frame;
 - ii. Is in good repair, clean, and free of odors and stains; and
 - iii. Is at least 36 inches wide and 72 inches long; and
 - f. A pillow and linens that are clean, free of odors, and in good repair, including:
 - i. A mattress pad;
 - ii. A top sheet and a bottom sheet that are large enough to tuck under the mattress;
 - iii. A pillowcase;
 - iv. A waterproof mattress cover, if needed by the **client**; and
 - v. A blanket or bedspread sufficient to ensure the **client**'s warmth; and
- 7. Contains windows or doors with adjustable window or door covers that provide **client** privacy, if applicable;
- 8. If the home has an **automatic sprinkler system**, the **automatic sprinkler system** is installed and maintained according to the requirements of R9-1-412; and
- 9. If the home does not have an **automatic sprinkler system** that has been installed and

maintained according to the requirements of R9-1-412, has:

- a. A working door to the outside; or
- b. A working, unobstructed window to the outside that is no higher than 20 feet above grade, and that:
 - i. Meets the fire safety requirements of the local jurisdiction;
 - ii. Has no dimension less than 20 inches, has an area of at least 720 square inches, and has a window sill that is no more than 44 inches off the floor; or
 - iii. Is large enough, accessible to a **client**, and within the capability of the **client** to exit in an **emergency**.

D. A **licensee** shall ensure that:

1. A **client** is not locked in a bedroom; and
2. If a **client**'s bedroom is capable of being locked from the inside, a **licensee** has a key that allows access to the bedroom at all times.

E. A **licensee** shall ensure that a **client** is assigned to a bedroom:

1. To ensure **client** health, safety, and welfare; and
2. After considering a **client**'s:
 - a. Age;
 - b. Gender;
 - c. Developmental level;
 - d. **Behavioral health issues**;
 - e. **Treatment** needs; and
 - f. Need for group support, independence, and privacy.

F. A **licensee** shall ensure that a **behavioral health adult therapeutic home** has a bathroom that:

1. Is **available** for use by a **client** or a **visitor**;
2. Has a door that is capable of being opened and closed by a **client** or a **visitor**; and
3. Contains:
 - a. A working sink with running water,
 - b. A working toilet that flushes and has a seat,
 - c. Toilet tissue,
 - d. Soap for hand washing,
 - e. Lighting,
 - f. A window that opens or another means of ventilation, and

- g. Paper towels, a mechanical air hand dryer, or an individual cloth hand towel for each **client**.

G. A **licensee** shall ensure that if a **swimming pool** is located on the **premises**:

1. The **swimming pool** and the **deck** is entirely enclosed by a wall or fence that prevents an individual from exiting the home and directly entering the pool and that:
 - a. Is at least five feet in height;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (G)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height;
 - f. Has a self-closing, self-latching gate that opens away from the pool and that has a latch located at least five feet from the ground; and
 - g. Is locked when the pool is not in use;
2. At least one individual with **CPR** training, as required in R9-20-1502(3), is present in the pool area when a **client** is in the pool area;
3. At least two individuals who are not **clients** are present in the pool area if two or more **clients** are in the pool area;
4. A life preserver is **available** and accessible in the pool area;
5. The water in the **swimming pool** is clear enough so the bottom of the **swimming pool** is visible from the **deck** of the **swimming pool**;
6. The surface of the water in the **swimming pool** is free from scum; and
7. The bottom and sides of the **swimming pool** are free from sediment, dirt, slime, and algae.

H. A **licensee** shall ensure that if a **spa** is located on the **premises**:

1. If the **spa** is not enclosed by a wall or fence that meets the requirements of subsection (G)(1), the **spa** is covered and locked when not in use;
2. The temperature of the water in the **spa** shall not exceed 104 degrees;
3. The water in the **spa** is clear enough so that the bottom of the **spa** is visible from the **deck** of the **spa**;
4. The surface of the water in the **spa** is free from scum; and
5. The bottom and sides of **spa** are free from sediment, dirt, slime, and algae.

I. A **licensee** shall ensure that a first aid kit is maintained on the **premises** and contains the

following supplies in a quantity sufficient to meet the needs of all **clients**:

1. Adhesive bandages,
2. Gauze pads,
3. Antiseptic solution,
4. Tweezers,
5. Scissors,
6. Tape,
7. Disposable medical-grade latex or non-latex gloves, and
8. Resealable plastic bags of at least one-gallon size.

R9-20-1523. Fire and Disaster Standards

A. A **licensee** shall ensure that:

1. A document showing the evacuation path is **conspicuously posted** in each hallway of each floor of the **behavioral health adult therapeutic home**; and
2. A written **disaster** plan is developed, documented, and maintained on the **premises**, including:
 - a. The location where **clients** and the **licensee** should meet in the case of a fire;
 - b. Details of an arrangement to ensure that the **clients** can continue to receive services if there is a fire, **disaster**, or the **licensee** is unexpectedly unavailable to provide services; and
 - c. Contact information for the **client's** designee and the **client's** family.

B. A **licensee** shall:

1. Conduct a fire drill at the **behavioral health adult therapeutic home** at least once every month. Every three months, at least one monthly fire drill shall be held during the following time periods:
 - a. 8:00 p.m. to 4:00 a.m.,
 - b. 4:00 a.m. to 12:00 p.m., and
 - c. 12:00 p.m. to 8:00 p.m.;
2. If all individuals do not exit the home in three minutes or less, contact the **treatment team** for **clinical guidance** to ensure the health and safety of individuals in the home in the case of a fire, such as:
 - a. Training to improve the time of a fire drill;
 - b. Reviewing a **client's** placement; or
 - c. Possible modifications to the **behavioral health adult therapeutic home**;

3. Document each fire drill, including:
 - a. The date and time of the drill;
 - b. The amount of time taken for all **clients** and other individuals to evacuate the facility;
 - c. Any problems encountered in conducting the drill, including any difficulties that a **client** had in exiting the home; and
 - d. A description of any **clinical guidance** received by the **licensee** regarding **client** health and safety in a fire;
 4. Retain **documentation** of a fire drill at the **behavioral health adult therapeutic home** for 12 months after the date of the drill; and
 5. If the **documentation** demonstrates that individuals cannot evacuate the **behavioral health adult therapeutic home** in less than three minutes, install and maintain according to the applicable standard incorporate by reference in R9-1-412:
 - a. A fire alarm control system that includes:
 - i. A manual-pull fire alarm system,
 - ii. Automatic occupancy notification, and
 - iii. A smoke or fire detection system; or
 - b. An **automatic sprinkler system**.
- C.** A **licensee** shall maintain a copy of the most **current** fire inspection report from the local jurisdiction at the **behavioral health adult therapeutic home**.
- D.** A **licensee** shall ensure that:
1. The home address is posted on the outside of the home or another location where the address is visible from the street;
 2. A battery-operated smoke detector is:
 - a. Installed in each:
 - i. Bedroom,
 - ii. Hallway adjacent to a bedroom,
 - iii. Utility room, and
 - iv. Room or hallway adjacent to a kitchen; and
 - b. In working order;
 3. A battery in the battery-operated smoke detector is replaced at least once a year and according to the manufacturer's recommendation;
 4. In addition to the window or door required in R9-20-1522(C)(8), a bedroom has another

- means of exiting the bedroom;
5. A portable fire extinguisher with at least a 2A-10-BC rating is maintained in the kitchen of the **behavioral health adult therapeutic home**, and:
 - a. One additional portable fire extinguisher is maintained in the **behavioral health adult therapeutic home** if the home is between 0 and 3,000 square feet;
 - b. Two additional portable fire extinguishers are maintained in the **behavioral health adult therapeutic home** if the home is between 3,001 and 6,000 square feet; and
 - c. If the home is above 6,000 square feet, a portable fire extinguisher is maintained for every 3,000 square feet in addition to the fire extinguishers required in (a) and (b);
 6. A portable fire extinguisher is:
 - a. Installed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches off the floor;
 - b. Serviced every 12 months or as recommended by the manufacturer; and
 - c. Supplied with a tag that contains the date of recharging and the name of the company that performed the recharging;
 7. A sign indicating an exit is posted above each door to the outside;
 8. An extension cord is not used in place of permanent wiring;
 9. If an extension cord is used on a temporary basis, an extension cord does not exceed seven feet in length; is not fastened to a wall, fixture, floor, or ceiling; and is not placed under a rug;
 10. An electrical outlet:
 - a. Is not used beyond its rate of capacity; and
 - b. Has a safety cover placed in each receptacle opening when the receptacle is not in use;
 11. An electrical cord in use is not spliced and does not have tears or exposed wires;
 12. Circuit breakers or fuses are labeled;
 13. A space heater:
 - a. Is labeled as acceptable by a nationally recognized testing laboratory, such as Underwriters Laboratory, Factory Mutual, or American Gas Association;
 - b. Does not use kerosene or other flammable liquid; and

- c. Is placed away from a trashcan, curtain, towel, or other material that may create a **hazard**;
- 14. A fireplace is:
 - a. Sealed and not used by the **licensee** or other individuals in the home; or
 - b. Maintained in a clean condition and protected by a screen that prevents sparks from leaving the fireplace opening;
- 15. The cooking range contains a hood, grease filter, and fan that are free of grease buildup;
- 16. A flammable liquid or material is not stored near a water heater or other heat-producing appliance;
- 17. All walls and ceilings are in good repair and have no visible holes;
- 18. A door separating the home from an attached garage, carport, or storage room is of solid core construction;
- 19. Except for medical supplies needed for a **client**, such as oxygen, a combustible or flammable liquid material stored by the **licensee** on the **premises** is stored in the original labeled container or a safety container in a locked area inaccessible to a **client** outside of the home or in an attached garage; and
- 20. A toxic or other hazardous material on the **premises** other than one of the following is stored by the **licensee** in a labeled container in a locked area other than a food preparation or storage area, a dining area, or a **medication** storage area:
 - a. Medical supplies needed for a **client**, such as oxygen;
 - b. Hand soap;
 - c. Dish soap;
 - d. Household laundry supplies; or
 - e. Household cleaning supplies.

R9-20-1524. Food Services

- A. A **licensee** shall ensure that:
 - 1. The meals and snacks served to a **client** meet a **client**'s nutritional needs based upon:
 - a. The **client**'s age and health,
 - b. The **client's treatment plan**, and
 - c. **Clinical guidance** from the **treatment team**;
 - 2. Each meal served includes a variety of foods from each food group in the "DASH Eating Plan at 1,600-, 2,000-, 2,600-, and 3,100-Calorie Levels," Appendix A-1 in "Dietary Guidelines for Americans 2005," U.S. Department of Health and Human Services and

U.S. Department of Agriculture, incorporated by reference, on file with the Department, and including no future editions or amendments, **available** at www.healthierus.gov/dietaryguidelines;

3. At least a one-**day** supply of perishable food and at least a three-**day** supply of non-perishable food are maintained on the **premises**; and
4. If a **client** needs a **therapeutic diet**:
 - a. The **licensee** obtains **clinical guidance** before providing the **therapeutic diet** to the **client**;
 - b. The **therapeutic diet** is provided to the **client**; and
 - c. A **therapeutic diet** manual with a copyright date that is no more than five years before the **current** date is **available** and accessible for use by individuals who prepare food for the **client**.

B. A licensee shall ensure that:

1. Food is free from spoilage, filth, or other contamination;
2. Food is prepared, served, and stored to prevent contamination;
3. Except for food produced on the **licensee's premises**, food is obtained only from commercial sources;
4. If canned food is used, only commercially canned food is used;
5. Foods requiring refrigeration are maintained at 41° F or less;
6. Food is cooked according to the requirements in §§ 3-401.11, 3-401.12, and 3-401.13 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
7. Food is reheated according to the requirements in § 3-403.11 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
8. Food service is provided by an individual who:
 - a. Is not infected with a **communicable disease** listed in R9-20-1519(B) that may be transmitted by food handling; and
 - b. Washes the individual's hands and arms with soap and warm water:
 - i. Before handling food,
 - ii. After smoking,

- iii. After using the toilet, and
 - iv. As often as necessary to remove soil and contamination;
- 9. A refrigerator contains a thermometer, accurate to $\pm 3^{\circ}$ F;
 - 10. Raw fruits and raw vegetables are rinsed with water before being cooked or served;
 - 11. Food that has been opened or removed from its original container is stored in a dated covered container, a minimum of four inches off the floor, and protected from cleaning products and other contamination;
 - 12. Frozen foods are maintained in a frozen state;
 - 13. Tableware and eating utensils are provided and are clean and in good repair;
 - 14. Food preparation, storage, and service areas are clean, in good repair, and free of insects or rodents;
 - 15. Food preparation equipment and food-contact surfaces are clean and in good repair; and
 - 16. Second servings of a meal or snack are **available** to a **client** at meal or snack time, unless otherwise indicated in the **client's treatment plan** or the **client record**.